

LAWRENCEVILLE

Resident Account Summary  
Tuesday, September 22, 2020 @13:10

For Inmate ID: 1007103 RAYNOR, JAMES HERMAN

Date	Transaction	Description	Amount	Balance	Owed	Held	Reference
05/24/2019	EPR	OID:100640571-ComisaryPurc	-101.82	0.80	0.00	0.00	05/24/2019
05/20/2019	DEPMO NO DE	JPAY DEPOSIT S. ETHERIDGE	100.00	102.62	0.00	0.00	05/20/2019
05/08/2019	EPR	OID:100638263-ComisaryPurc	-99.46	2.62	0.00	0.00	05/08/2019
05/06/2019	FUNDRAISER	MOTHER'S DAY PINK CARNATIO	-6.00	102.08	0.00	0.00	05/06/2019
05/03/2019	PROTHESIS	VOID-12/20/18 CPAP - VOID	-25.00	108.08	0.00	0.00	05/03/2019
05/03/2019	<PROTHESIS>	VOID-12/20/18 CPAP - VOID	25.00	108.08	25.00	0.00	05/03/2019
04/29/2019	DEPMO NO DE	JPAY DEPOSIT S. ETHERIDGE	65.00	83.08	0.00	0.00	04/29/2019
04/26/2019	<COPIES>	MEDICAL COPIES	-1.10	18.08	0.00	0.00	04/26/2019
04/26/2019	COPIES	MEDICAL COPIES	1.10	19.18	1.10	0.00	04/26/2019
04/24/2019	EPR	OID:100636801-ComisaryPurc	-46.10	19.18	0.00	0.00	04/24/2019
04/24/2019	EPR	OID:100636592-ComisaryPurc	-27.59	65.28	0.00	0.00	04/24/2019
04/17/2019	EPR	OID:100635493-ComisaryPurc	-56.14	92.87	0.00	0.00	04/17/2019
04/15/2019	DEPMO NO DE	JPAY DEPOSIT S. ETHERIDGE	75.00	149.01	0.00	0.00	04/15/2019
04/08/2019	EPR	OID:100634409-ComisaryPurc	-89.70	74.01	0.00	0.00	04/08/2019
04/03/2019	<COPIES>	Payment for COPIES on 2018	-6.00	163.71	0.00	0.00	04/03/2019
04/03/2019	<COPIES>	Payment for COPIES on 2018	-3.00	169.71	6.00	0.00	04/03/2019
04/03/2019	<COPIES>	Payment for COPIES on 2018	-2.80	172.71	9.00	0.00	04/03/2019
04/03/2019	<PROTHESIS>	Payment for PROTHESIS on 2018	-25.00	175.51	11.80	0.00	04/03/2019
04/03/2019	DEPMO NO DE	JPAY DEPOSIT S. ETHERIDGE	200.00	200.51	36.80	0.00	04/03/2019
01/24/2019	EPR	OID:100625760-ComisaryPurc	-1.79	0.51	36.80	0.00	01/24/2019
01/16/2019	EPR	OID:100624294-ComisaryPurc	-30.00	2.30	36.80	0.00	01/16/2019
01/14/2019	DEPMO NO DE	JPAY DEPOSIT S. ETHERIDGE	30.00	32.30	36.80	0.00	01/14/2019
01/07/2019	PROTHESIS	12/20/18 CPAP	25.00	2.30	36.80	0.00	01/07/2019
12/06/2018	COPIES	LEGAL COPIES	6.00	2.30	11.80	0.00	12/06/2018
10/24/2018	COPIES	MEDICAL COPIES	3.00	2.30	5.80	0.00	10/24/2018
09/12/2018	COPIES	LEGAL COPIES	2.80	2.30	2.80	0.00	09/12/2018
09/07/2018	FUNDRAISER	SUBS FUNDRAISER	-8.00	2.30	0.00	0.00	09/07/2018
09/06/2018	EPR	OID:100608319-ComisaryPurc	-25.09	10.30	0.00	0.00	09/06/2018
09/05/2018	DEPMO NO DE	JPAY DEPOSIT S. ETHERIDGE	35.00	35.39	0.00	0.00	09/05/2018
07/25/2018	EPR	OID:100603249-ComisaryPurc	-1.70	0.39	0.00	0.00	07/25/2018
07/17/2018	EPR	OID:100602151-ComisaryPurc	-32.50	2.09	0.00	0.00	07/17/2018
07/16/2018	<COPIES>	Payment for COPIES on 2018	-1.30	34.59	0.00	0.00	07/16/2018
07/16/2018	DEPMO NO DE	JPAY DEPOSIT S ETHERIDGE	35.00	35.89	1.30	0.00	07/16/2018
06/11/2018	COPIES	LEGAL COPIES	1.30	0.89	1.30	0.00	06/11/2018
05/24/2018	EPR	OID:100596012-ComisaryPurc	-4.32	0.89	0.00	0.00	05/24/2018
05/24/2018	EPR	OID:100595884-ComisaryPurc	-29.97	5.21	0.00	0.00	05/24/2018
05/22/2018	JPAY MUSIC	JPAY TO BE CREDITED BY 6/18	-24.00	35.18	0.00	0.00	05/22/2018
05/15/2018	DEPMO NO DE	CK #403084007366 US TREAS	40.31	59.18	0.00	0.00	05/15/2018
05/15/2018	DEPMO NO DE	CK #403084007368 US TREAS	18.82	18.87	0.00	0.00	05/15/2018
04/24/2018	EPR	OID:100592039-ComisaryPurc	-27.78	0.05	0.00	0.00	04/24/2018
04/23/2018	<COPIES>	Payment for COPIES on 2018	-1.20	27.83	0.00	0.00	04/23/2018
04/23/2018	<COPIES>	Payment for COPIES on 2018	-2.80	29.03	1.20	0.00	04/23/2018
04/23/2018	<COPIES>	Payment for COPIES on 2018	-0.90	31.83	4.00	0.00	04/23/2018
04/23/2018	<COPIES>	Payment for COPIES on 2018	-0.40	32.73	4.90	0.00	04/23/2018
04/23/2018	<COPIES>	Payment for COPIES on 2018	-2.20	33.13	5.30	0.00	04/23/2018
04/23/2018	DEPMO NO DE	JPAY DEPOSIT S ETHERIDGE	35.00	35.33	7.50	0.00	04/23/2018
04/20/2018	COPIES	LEGAL COPIES	1.20	0.33	7.50	0.00	04/20/2018
04/02/2018	COPIES	LEGAL COPIES	2.80	0.33	6.30	0.00	04/02/2018
03/13/2018	COPIES	LEGAL COPIES	0.90	0.33	3.50	0.00	03/13/2018
02/07/2018	EPR	OID:100582196-ComisaryPurc	-5.58	0.33	2.60	0.00	02/07/2018
01/30/2018	PAYROLL NO	Payroll Transaction	3.24	5.91	2.60	0.00	01/30/2018
01/29/2018	COPIES	MEDICAL COPIES	0.40	2.67	2.60	0.00	01/29/2018
01/16/2018	COPIES	LEGAL COPIES	2.20	2.67	2.20	0.00	01/16/2018
01/09/2018	EPR	OID:100578341-ComisaryPurc	-4.64	2.67	0.00	0.00	01/09/2018
12/29/2017	ERF	OID:100576943-ComisaryRefu	3.58	7.31	0.00	0.00	12/29/2017
12/28/2017	EPR	OID:100576943-ComisaryPurc	-38.91	3.73	0.00	0.00	12/28/2017
12/21/2017	WDRAWAL CHK	J RAYNOR #1007103 COURT F	-4.21	42.64	0.00	0.00	12/21/2017
12/21/2017	PAYROLL NO	Payroll Transaction	26.33	46.85	0.00	0.00	12/21/2017

LAWRENCEVILLE

## Resident Account Summary

Tuesday, September 22, 2020 @13:10

For Inmate ID: 1007103 RAYNOR, JAMES HERMAN

Date	Transaction	Description	Amount	Balance	Owed	Held	Reference
12/18/2017	DEPMO NO DE	JPAY DEPOSIT S ETHERIDGE	20.00	20.52	0.00	0.00	12/18/2017
12/12/2017	ERF	OID:100574247-ComisaryRefu	0.32	0.52	0.00	0.00	12/12/2017
12/11/2017	EPR	OID:100574247-ComisaryPurc	-16.54	0.20	0.00	0.00	12/11/2017
11/29/2017	WDRAWAL CHK	J RAYNOR #1007103 FILING I	-5.10	16.74	0.00	0.00	11/29/2017
11/29/2017	PAYROLL NO	Payroll Transaction	21.06	21.84	0.00	0.00	11/29/2017
11/06/2017	EPR	OID:100570781-ComisaryPurc	-14.95	0.78	0.00	0.00	11/06/2017
11/02/2017	ICECREAM	ICE CREAM FUNDRAISER	-6.00	15.73	0.00	0.00	11/02/2017
10/30/2017	WDRAWAL CHK	J RAYNOR #1007103 COURT F	-4.78	21.73	0.00	0.00	10/30/2017
10/30/2017	PAYROLL NO	Payroll Transaction	25.52	26.51	0.00	0.00	10/30/2017
10/17/2017	EPR	OID:100568088-ComisaryPurc	-1.74	0.99	0.00	0.00	10/17/2017
10/06/2017	EPR	OID:100566866-ComisaryPurc	-11.51	2.73	0.00	0.00	10/06/2017
10/05/2017	ICECREAM	ICE CREAM FUNDRAISER	-6.00	14.24	0.00	0.00	10/05/2017
09/28/2017	WDRAWAL CHK	J RAYNOR #1007103	-6.16	20.24	0.00	0.00	09/28/2017
09/28/2017	<COPIES>	Payment for COPIES on 201	-2.50	26.40	0.00	0.00	09/28/2017
09/28/2017	PAYROLL NO	Payroll Transaction	23.90	28.90	2.50	0.00	09/28/2017
09/25/2017	<COPIES>	LEGAL COPIES	-1.50	5.00	2.50	0.00	09/25/2017
09/25/2017	COPIES	LEGAL COPIES	4.00	6.50	4.00	0.00	09/25/2017
09/13/2017	EPR	OID:100563997-ComisaryPurc	-1.60	6.50	0.00	0.00	09/13/2017
09/13/2017	ERF	OID:100563199-ComisaryRefu	1.60	8.10	0.00	0.00	09/13/2017
09/07/2017	EPR	OID:100563199-ComisaryPurc	-25.66	6.50	0.00	0.00	09/07/2017
08/30/2017	WDRAWAL CHK	J RAYNOR #1007103 COURT F	-5.75	32.16	0.00	0.00	08/30/2017
08/30/2017	PAYROLL INC	Payroll Transaction	30.78	37.91	0.00	0.00	08/30/2017
08/23/2017	EPR	OID:100561621-ComisaryPurc	-4.94	7.13	0.00	0.00	08/23/2017
08/07/2017	EPR	OID:100559137-ComisaryPurc	-11.72	12.07	0.00	0.00	08/07/2017
08/01/2017	ICECREAM	ICE CREAM FUNDRAISER	-6.00	23.79	0.00	0.00	08/01/2017
07/28/2017	WDRAWAL CHK	J RAYNOR COURT FILING FEE	-4.94	29.79	0.00	0.00	07/28/2017
07/28/2017	PAYROLL 20	Payroll Transaction	28.76	34.73	0.00	0.00	07/28/2017
07/07/2017	EPR	OID:100555583-ComisaryPurc	-14.77	5.97	0.00	0.00	07/07/2017
06/29/2017	WDRAWAL CHK	COURT FILING FEE J RAYNOR	-4.94	20.74	0.00	0.00	06/29/2017
06/29/2017	PAYROLL 20	Payroll Transaction	24.71	25.68	0.00	0.00	06/29/2017
06/23/2017	EPR	OID:100554333-ComisaryPurc	-4.85	0.97	0.00	0.00	06/23/2017
06/15/2017	EPR	OID:100553242-ComisaryPurc	-18.61	5.82	0.00	0.00	06/15/2017
06/13/2017	ICECREAM	ICE CREAM FUNDRAISER	-6.00	24.43	0.00	0.00	06/13/2017
06/12/2017	<COPIES>	MEDICAL COPIES	-0.20	30.43	0.00	0.00	06/12/2017
06/12/2017	COPIES	MEDICAL COPIES	0.20	30.63	0.20	0.00	06/12/2017
06/06/2017	EPR	OID:100552067-ComisaryPurc	-16.16	30.63	0.00	0.00	06/06/2017
05/26/2017	WDRAWAL CHK	J. RAYNOR #1007103 COURT I	-5.99	46.79	0.00	0.00	05/26/2017
05/26/2017	PAYROLL 20	Payroll Transaction	29.97	52.78	0.00	0.00	05/26/2017
05/23/2017	EPR	OID:100550512-ComisaryPurc	-31.96	22.81	0.00	0.00	05/23/2017
05/10/2017	DEPMO	JPAY DEPOSIT S ETHERIDGE	32.00	54.77	0.00	0.00	05/10/2017
05/09/2017	MED COPAY	VOID-MEDICAL COPAYMENT 1/	-5.00	22.77	0.00	0.00	05/09/2017
05/09/2017	<MED COPAY>	VOID-MEDICAL COPAYMENT 1/	5.00	22.77	5.00	0.00	05/09/2017
05/05/2017	EPR	OID:100548217-ComisaryPurc	-17.82	17.77	0.00	0.00	05/05/2017
04/27/2017	WDRAWAL CHK	J RAYNOR #1007103 APR 201	-5.43	35.59	0.00	0.00	04/27/2017
04/27/2017	PAYROLL 20	Payroll Transaction	27.14	41.02	0.00	0.00	04/27/2017
04/05/2017	EPR	OID:100544521-ComisaryPurc	-12.36	13.88	0.00	0.00	04/05/2017
03/30/2017	WDRAWAL CHK	J RAYNOR #1007103	-4.78	26.24	0.00	0.00	03/30/2017
03/30/2017	PAYROLL 20	Payroll Transaction	23.90	31.02	0.00	0.00	03/30/2017
03/07/2017	EPR	OID:100540479-ComisaryPurc	-18.38	7.12	0.00	0.00	03/07/2017
03/02/2017	ICECREAM	ICE CREAM FUNDRAISER	-3.00	25.50	0.00	0.00	03/02/2017
02/28/2017	WDRAWAL CHK	J RAYNOR #1007103 COURT F	-7.05	28.50	0.00	0.00	02/28/2017
02/28/2017	PAYROLL 20	Payroll Transaction	35.24	35.55	0.00	0.00	02/28/2017
02/17/2017	EPR	OID:100538179-ComisaryPurc	-4.80	0.31	0.00	0.00	02/17/2017
02/17/2017	ERF	OID:100537758-ComisaryRefu	4.80	5.11	0.00	0.00	02/17/2017
02/15/2017	EPR	OID:100537758-ComisaryPurc	-11.12	0.31	0.00	0.00	02/15/2017
02/10/2017	<MED COPAY>	MEDICAL COPAYMENT 1/24/20	-5.00	11.43	0.00	0.00	02/10/2017
02/10/2017	MED COPAY	MEDICAL COPAYMENT 1/24/20	5.00	16.43	5.00	0.00	02/10/2017
02/07/2017	EPR	OID:100536460-ComisaryPurc	-19.72	16.43	0.00	0.00	02/07/2017

LAWRENCEVILLE

Resident Account Summary  
Tuesday, September 22, 2020 @13:10

For Inmate ID: 1007103 RAYNOR, JAMES HERMAN

Date	Transaction	Description	Amount	Balance	Owed	Held	Reference
01/31/2017	PAYROLL 20	Payroll Transaction	20.66	36.15	0.00	0.00	01/31/2017
01/26/2017	ICECREAM	ICE CREAM FUNDRAISER	-3.00	15.49	0.00	0.00	01/26/2017
01/25/2017	EPR	OID:100535160-ComisaryPurc	-27.33	18.49	0.00	0.00	01/25/2017
01/23/2017	DEPMO	JPAY DEPOSIT S ETHERIDGE	45.00	45.82	0.00	0.00	01/23/2017
01/09/2017	EPR	OID:100532827-ComisaryPurc	-3.15	0.82	0.00	0.00	01/09/2017
12/30/2016	PAYROLL 20	Payroll Transaction	3.97	3.97	0.00	0.00	12/30/2016



## Exhibit - B - PART (D) - A.

## "FORMAL LEGAL NOTICE OF ACTION'S BEING TAKEN"

TO: Mr. MARK AMONETTE, M.D. VA. CHIEF PHYSICIAN AT VA. D.O.C.

FROM: Rabbi: JAMES H. RAYNOR:

SUBJECT: LEGAL ACTION'S BEING TAKEN FOR BOTH "STATE" AND "FEDERAL" MEDICAL VIOLATIONS UNDER THE LAWS SUPPORTING THE AMERICANS WITH DISABILITIES ACT. ~~AND~~ UNDER THE 8TH AMENDMENT FOR DELIBERATE INDIFFERENCE TO MY SERIOUS MEDICAL ISSUES:

"STATE" UNDER THE STATE MANDATED OPERATING PROCEDURE 801.3 MANAGING  
 "D.O.A." OFFENDERS WITH DISABILITIES DATED 8-1-2019 PAGE II (11), OF (13), FOR  
 "ODE OF VA" MEDICAL PHYSICAL IMPAIRMENT UNDER THE "DIGESTIVE SYSTEM DISORDER" OF  
 "801.3." "EXTREM GASTRO ESOPHAGEAL ACID REFLUX DISEASE," AS A MAJOR LIFE BODILY  
 FUNCTION OF A PART OF THE DIGESTIVE SYSTEM DISORDER: AND "GOUT DISORDER"  
 "A VERY EXTREM AND PAINFULL AS WELL DEBILITATING:"

"FEDERAL" ALSO AS DEFINED IN THE FEDERAL LAWS OF THE A.D.A. "SECTION: 12102"  
 "D.O.A." PAGE II (7), OF MAJOR LIFE ACTIVITIES, PART (B), MAJOR BODILY FUNCTIONS  
 "ODE" SECTION OF THE DIGESTIVE SYSTEM, AND LAWFULLY MEDICALLY DOCUMENTED IN MY  
 "2102." MEDICAL RECORDS AS "GASTRO ESOPHAGEAL ACID REFLUX DISEASE," AND  
 "GOUT DISORDER." "A VERY EXTREM DEBILITATING PAINFULL DISORDER:"

LEGAL FACTS OF SERIOUS MEDICAL ISSUE"

"LEGAL FACT"  
 "ART NO: (1). IT IS LEGALLY IN MY MEDICAL RECORDS SHOWING "GASTRO ESOPHAGEAL  
 "LEGAL FACT" ACID REFLUX DISEASE": AND "GOUT DISORDER."

"ART NO: (2). SUPPORTED BY EXPERT MEDICAL WITNESSES, WHO ARE SPECIALIST IN THIS  
 "LEGAL FACT" DIGESTIVE SYSTEM DISORDER: OF GASTRO ESOPHAGEAL ACID REFLUX DISEASE; + "GOUT."  
 "ART NO: (3). THESE EXPERT WITNESSES, ALONG WITH "HEART SPECIALIST" GAVE PLAINTIFF A FULL  
 COPY OF WHAT "FOODS TO STAY AWAY FROM" TO AVOID FOODS THAT TRIGGER THE  
 SYMPTOMS. AND WHAT MODIFICATIONS ARE NEEDED TO HELP MEDICAL:



PAGE # (2).

LEGAL FACT

PART NO: (4)

LEGAL CASE LAWS THAT SUPPORT THE MODIFICATIONS NEEDED TO HELP  
AVOID FOODS THAT TRIGGER THE GASTRO ESOPHAGEAL ACID REFLUX DISEASE OF  
THE DIGESTIVE SYSTEM DISORDER: AND "PAINFUL GOUT DISORDER."

"CASE LAWS IN SUPPORT"

NO: (1). VERSER V. ELYEA, 113 F. Supp. 2d 1211, 1215 (N.D. Ill. 2000):

NO: (2). RAYNOR V. PUGH, HAROLD W. CLARKE DIRECTOR OF VA.D.O.C. # 1-13-CV-01117-LMB-JFA:  
SETTLED NOV-2016:

NO: (3). RAYNOR V. GEO GROUP INC, HAROLD W. CLARKE VA.D.O.C. DIRECTOR # 1-19-CV-1892-  
SETTLED, OCT-2020:

"LAWFUL AGREEMENT AND SETTLEMENT"

LEGAL FACT

NO: (1).

AS CLEARLY AND LEGALLY STATED IN FEDERAL COURT UNDER SETTLEMENT  
AGREEMENT FORMAL CONTRACT OF RAYNOR V. PUGH, HAROLD W. CLARKE, 1-13-CV-  
01117-LMB-JFA. PAGE # (2). LINE # (1). PLAINTIFF, "MY SELF" IS TO BE PROVIDED  
ALL HIS A.D.A. MEDICAL NEEDS, WHICH INCLUDES GASTRO-REFLUX MEDICAL  
ISSUES, AS WELL AS HIS BOARD CERTIFIED GASTROENTEROLOGIST: "AND HIS  
"EXTRAM DEBILITATING GOUT DISORDER"

LEGAL FACT

NO: (2).

IT ALSO CLEARLY AND LEGALLY STATES IN FEDERAL COURT UNDER SETTLEMENT  
AGREEMENT, RAYNOR V. GEO GROUP INC, HAROLD W. CLARKE, THAT WAS ALSO  
SETTLED IN NOV-2020, PLAINTIFF RAYNOR IS TO HAVE "ALL" HIS MEDICAL  
NEEDS MET EVEN HIS A.D.A. MEDICAL ISSUES:"

LEGAL ISSUES UPON WHICH CAN, AND WILL BE HELD ON!

YOU MR. AMONETTE, WITH ALL DUE RESPECT!

STAND LAWFUL CONDITIONS FOR WHICH YOU WOULD LOSE, IS IT THIS  
# (1). UNDER COMMON KNOWLEDGE OF A SERIOUS MEDICAL ISSUE  
AND "YOU REFUSED" TO ACT UPON IT IS A LEGAL TERM "DELIBERATE  
INDIFFERENCE" TO MY SERIOUS MEDICAL NEEDS, AND VIOLATES THE  
8TH AMENDMENT: FOR CRUEL AND UNUSAL PUNISHMENT:

PAGE # (3). "LEGAL ISSUES"

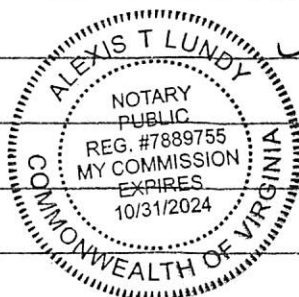
# (2). UNDER THESE LEGAL ISSUES BY YOUR REFUSING TO COMPLY TO FEDERAL SETTLEMENT AGREEMENTS, IT IS CALLED "CRIMINAL LIFE ENDANGERMENT" BECAUSE "YOU" WERE MADE AWARE OF NOT ONLY SERIOUS MEDICAL ISSUES, BUT ALSO ~~REFUSE~~ REFUSED TO COMPLY WITH THE "STATE", & "FEDERAL" LAWS THAT GOVERN THE "A.D.A.", AND THE LEGAL LAWS AND CONDITIONS OF BOTH SETTLEMENT AGREEMENTS:

# (3). THE SETTLEMENT AGREEMENT CONTRACT IS A FEDERAL EXECUTORY CONTRACT THAT MUST FULLY BE PERFORMED. THE FEDERAL "CONTRACT BOND" IS TO PROTECT AGAINST BREACH OF CONTRACT, FULLY KNOWN AS A "LAWFUL PERFORMANCE BOND" UNDER THE FEDERAL "LAWFUL NOTARY SEAL", LEGALLY PUT IT IS REQUIRED BY LAW TO TO FULLY PERFORM, OR "YOU" LEGALLY DEFAULT, FOR FAILURE TO ACT, AND FAILURE TO MEET THE LEGAL OBLIGATIONS OF THE SETTLEMENT AGREEMENT CONTRACTS THAT IS LAWFULLY REQUIRED. PLAINTIFF HAS ALSO LOST 365 LBS. SO THE NEEDING TO LOSE WEIGHT ISSUE IS MORT, EVEN SKINNY PEOPLE HAVE IT:

MR. AMONETTE, AS REQUIRED BY FEDERAL LAWS OF CIVIL PROCEDURE I MUST LET YOU KNOW THIS! TODAY IS JAN-25TH-2021, AND I AM GIVEN YOU (15) WORKING DAYS OF THE NOTARY SEAL AND MY SIGNATURE ON THIS DOCUMENT FOR YOU TO COMPLY, OR BE HELD LEGALLY RESPONSABLE FOR ANY MORE INJURIES, PAIN AND SUFFERING: THAT HAPPENS

"NOTARY"

DATE: 2-3-21



Alexis Lundy  
Alexis Lundy

NAME: Rabbi JAMES H. RAYNOR

ADDRESS: L.V.C.S. - 1607 PLANTERS RD.

EXPIRES: 10/31/2024 LAWRENCEVILLE VA. 23868

SIGNATURE: Rabbi JAMES H. RAYNOR

P.S.

I HAVE ALREADY CONTACTED MY ATTORNEY'S TO WRITE UP MY ~~LEGAL~~ LEGAL AND





VIRGINIA  
DEPARTMENT OF CORRECTIONS

EXHIBIT - B - PART - B  
PAGE 4 (2)

Offender Request 801\_F3\_10-17

## Offender Request

## DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
habbi Baynor	James	H.	1007103	Inf. 01-019
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
		Thurs. 11/12/2020		

TO: ☐ Unit Manager ☐ Medical ☐ Personal Property ☐ Law Library ☐ Security  
☐ Treatment ☐ Mental Health ☐ Education ☐ Enterprise Shop ☐ Accounting  
☐ Chaplain ☐ Assistant Warden ☐ Warden ☐ Dental  
☒ Other Baynor

CHECK PURPOSE ☐ Appointment Request ☒ Question/Statement

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

## RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: Med Recs. Date: 11-12-2020

① The only record seen in your chart of medical diet is date 10/22/2020 ← This is the only medical diet order she has. it is included. ② Results for the sleep study is included. ③ What is the medical visit dealing with what issues, and do you remember the dates. Let me know the other records you need so that copies can be made for you. I highlighted the remark that was not understandable, what records are you referring to.   
 NEXT PAGE

THERE WAS A MEDICAL DIET ORDER FOR 4-21-20  
By A. MCCORMICK N.P. R.N. ON 4-21-20 + 8-12-20

Offender seen ☐ Yes ☐ No

Johnson, MAC  
Official Responding

Thurs. 11/12/2020  
Date of Response





VIRGINIA  
DEPARTMENT OF CORRECTIONS

Offender Diet Order FSM\_F10\_11-15

## Offender Diet Order

Lawrenceville Correctional Center  
Facility

04/21/2020  
Date

A therapeutic diet order has been written for:

Offender Name: RAYNOR James Number: 1007103

Please check diet order as written in offender medical record:

- ☐ Clear Liquid  
☐ Full Liquid  
☐ Mechanical Soft  
☐ Safety

☒ \*Other no beans / no fish / no peanut <sup>BYSTLE</sup> \*Date Approved: 04/21/20

*\*Must be approved by the Chief Physician of the Office of Health Services*

Therapeutic diet order renewal date: \_\_\_\_\_

The following diet orders do not expire and no renewal is needed:

- ☐ Allergy (Food \_\_\_\_\_)  
Documented in offender Medical History ☐ Yes ☐ No
- ☐ Diabetic/Carbohydrate Controlled Education Provided **HS Snack Bag** ☐ Yes ☐ No
- ☐ Cardiac Education Provided
- ☐ Renal (Dialysis)

Angie McCormick, #21-12 20/21/20  
Health Authority/Designee Date



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Offender Diet Order FSM\_F10\_11-15

## Offender Diet Order

Lawrenceville Correctional Center

Facility

10-22-2020

Date

A therapeutic diet order has been written for:

Offender Name: Raynor, James

Number: 1007103

Please check diet order as written in offender medical record.

- ☐ Clear Liquid
- ☐ Full Liquid
- ☐ Mechanical Soft
- ☐ Safety
- ☐ \*Other \_\_\_\_\_

discontinue diet written (8/12/2020) no documents  
allergies noted in chart

DIGESTIVE SYSTEM DISORDER  
EXTREM GASTRO ESOPHAGE ACID REFLUX  
DISEASE

IS IN MY MEDICAL RECORDS + COURT ORDERED DOCUMENTS

\*Date Approved: \_\_\_\_\_

*\*Must be approved by the Chief Physician of the Office of Health Services*

Therapeutic diet order renewal date: \_\_\_\_\_

The following diet orders do not expire and no renewal is needed:

☐ Allergy (Food \_\_\_\_\_)  
Documented in offender Medical History ☐ Yes ☐ No

☐ Diabetic/Carbohydrate Controlled Education Provided HS Snack Bag ☐ Yes ☐ No

☐ Cardiac Education Provided

☐ Renal (Dialysis)

SWM gntro  
Health Authority/Designee

10/22/2020  
Date



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720\_F17\_7-12

## Health Services Complaint and Treatment Form

Facility:

LUCE

Offender Name:

Raynor  
Last

James  
First

Number:

1067103

Date/Time

Complaint and Treatment

Signature and Title

8/12/20 17 <sup>00</sup>	I/M assess in clinic - requesting medication	
USS:	Refill - State that he has not taken	
T-98	low for 2 weeks - state that low	
BP-160/96	is a life long medication used to prevent	
HR-64	fluid overload. Denies the chest. Reports having anxiety.	
RR-16	requesting US tylenol for chronic LBP / migraine	
O <sub>2</sub> -96%	State compliance to seizure medication - however	
	reports have a seizure over the last 4 wks. - @ Coughin & having BP	
	low - 90 - 100 - sitting in w/c. - 2x3. @ cardiac medication:	
	the on digoxin	
	CV- 9, 12. 1000 - @ C/P. @ sedation	
	psu - @ 1000. @ sleeping / rest. @ 1000	
	@ 1000 / 1000	
	98 - @ 1000. @ 1000. @ 1000. @ 1000	
	Food restriction due to kidney & energy. Does	
	not eat fish, tomato, beans, etc. @ 1000	
	June 1000. @ 1000. @ 1000. @ 1000	
	diet - has some and others. @ 1000	
	98 - Reports vision. @ 1000	
	PRN - @ LBP & legs. But can. Use	
	W/C for diabetes.	
	A - LBP.	
	Seizure.	
	HRV.	
	P - Medication Renewal as above.	
	Labs - Dilantin level LAB BOOK	
	Keppra level LAB BOOK	
	HgA1c, CMP, TSH, CBC.	
	@ MARIUHI NR-C.	





Exhibit - ~~B~~ - PART (2)  
VIRGINIA  
DEPARTMENT OF CORRECTIONS

(FOR REFUSED MEDICAL)  
DIET NEEDED Emergency Grievance 866\_F4\_4-16

### Emergency Grievance

Log # 157838

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

RAYNOR Rabbi: JAMES A 1007103 LVCC HU-70-71-109  
Offender Last Name First Number Facility Building-Cell/Bed

### PART A- OFFENDER CLAIM

What is the emergency? Medical supervisor's are violating STATE, AND FEDERAL LAWS! UNDER

STATE LAW UNDER OPERATING PROCEDURE 801.3, MANAGING OFFENDERS WITH DISABILITIES PAGE # (11) OF (13)  
"PHYSICAL IMPAIRMENT OF THE DIGESTIVE SYSTEM: DUE TO HIS GASTRO-ESOPHAGAL REFLUX DISEASE"  
SEE GASTROENTEROLOGY REPORT FROM OCT. 16TH, 2018 START AT PAGE (10) OF (14) # (2). FOODS TO STAY AWAY FROM  
LIKE FOODS WITH HIGH PROTEIN. DUE TO GOUT: LIKE FISH, BEANS, PEANUT BUTTER, ACID FOODS SUCH AS TOMATO  
SAUCE, O.J. APPLE JUICE, SALAD. THESE FOODS CAUSE SEVERE + EXTREM PHYSICAL IMPAIRMENTS TO MY DIGESTIVE  
SYSTEM. AND PUTS OFF MY GOUT SEVERELY. VIOLATIONS UNDER FEDERAL LAWS OF THE AMERICANS  
WITH DISABILITIES ACT SECTION: 12102 PAGE (17), MAJOR LIFE ACTIVITIES PART (B). MAJOR BODILY FUNCTIONS  
SUCH AS IMMUNE AND DIGESTIVE SYSTEM. UNDER THIS FEDERAL LAW AS STATED ON PAGE # (40) PART (B).  
ENFORCEMENT BY U.S. ATTORNEY GENERAL # (1), DENIED OR DENIAL OF THESE RIGHTS LINE (A). U.S. ATTORNEY GENERAL  
HAS A "LEGAL DUTY TO INVESTIGATE" AND SHALL INVESTIGATE ALL ALLEGED VIOLATIONS. REINSTATE MEDICAL DIET FOR  
11-4-20 9:30 AM Rabbi: JAMES RAYNOR A 1007103 DATED 8-12-20: 8:46 PM  
Date/Time Offender Signature and Number ACTION WILL BE TAKEN IN  
72 HOURS IN FEDERAL COURT.

### PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

☒ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:

- ☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen \_\_\_\_\_  
☐ Submit Sick Call Request ☐ Send an Offender Request To: \_\_\_\_\_  
☐ Submit Request to Dental ☒ Other (Provide detailed explanation below)

WE WILL INVESTIGATE YOUR DIETARY NEEDS FURTHER, HOWEVER THE  
MEDICAL DEPARTMENT PROVIDES PATIENT EDUCATION ON WHICH  
FOODS TO LIMIT OR ELIMINATE FROM YOUR DIET (SEE BELOW)

☐ Your grievance has been determined to be an emergency and the following action has been taken:  
☐ Sent to Hospital: Date Transported \_\_\_\_\_ ☐ Other (Provide detailed explanation below)

ALL SPECIALIZED DIETS MUST BE APPROVED BY THE  
CHIEF MEDICAL OFFICER + THIS TYPE OF SPECIAL DIET  
(IS NOT READILY AVAILABLE ON THE APPROVED DIET LIST.)

11/4/20 1008 C. Yarger RN, RHSM  
Date/Time Respondent Signature GEO Secure Services Printed

☐ PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or  
Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment ☐ Will be referred for Investigation

Determination by: \_\_\_\_\_ Signature Name/Title Printed Date/Time

Distribution: Original Grievance returned to Offender Copy forwarded to Institutional Ombudsman/Grievance Coordinator



The GEO Group, Inc.

LAWRENCEVILLE CORRECTIONAL CENTER  
Lawrenceville, VA

Offender Request

FOR REFUSED  
MEDICAL DIET

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
RAYNOR	Rabbi: James	H.	4 1007103	H4-70-71 109
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	
N/A			12-7-20	

- TO: ☐ Unit Manager ☒ Medical ☐ Personal Property ☐ Law Library ☐ Security
- ☐ Treatment ☐ Mental Health ☐ Education ☐ Dental ☐ Maintenance
- ☐ Chaplain ☐ Facility Admin. ☐ Asst. Facility Admin. ☐ Chief of Housing & Programs ☐ Accounting
- ☐ Other \_\_\_\_\_

CHECK PURPOSE

☒ Appointment Request

☐ Question/Statement

Mr. YARGER RN, R.H.S.M.

CAN YOU PLEASE LET ME KNOW WHAT DR. AMONETTE HAS SAID ABOUT MY DIGESTIVE SYSTEM MEDICAL ORDER FOR FOOD REPLACEMENT FOR MY MEDICAL DIET ORDER? I NEED TO FIND SOMETHING OUT A.S.A.P.: MR. YARGER, I NEED TO ALSO MEET WITH YOU A.S.A.P. PLEASE IT'S VERY IMPORTANT THAT WE TALK!

THANK YOU FOR YOUR TIME

GOD BLESS, AND BE SAFE FROM THIS COVID-19

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: \_\_\_\_\_

Date: \_\_\_\_\_

HE RESPONDED TO ME VIA EMAIL ON 11/14/20 + IN SUMMARY HE INDICATED THAT THE DIETARY CHANGES WERE NOT WARRANTED AT THIS TIME. HE INSTRUCTED ME THAT RECOMMENDED TREATMENT FOR GOUT + GOOD IS WEIGHT LOSS. HE CLAIMS THAT BASED ON OF STUDIES HE REVIEWED THAT DIETARY CHANGES HAD LITTLE IMPACT FOR THOSE CONDITIONS. I CONSULTED WITH DR. AMONETTE, DR. CHRISTAKIS - GEO'S DIETITIAN WHO ALL AGREED WITH DR. AMONETTE'S ASSESSMENT. I WILL TRY TO MEET WITH YOU AS SOON AS I CAN BUT IT'S LOOKING LIKE NEXT MONDAY WILL BE THE EARLIEST. PLEASE HAVE THE OFFICER CALL ON 12/14/20.

Offender seen ☐ Yes ☒ No

C. Yarger RN, RHSM  
GEO Secure Services  
Eastern Regional Office

12/9/20  
Date of Response

Revised Date: 01/15/2020

# Health System

MCV Hospitals and Physicians

"GI"  
"Endoscopy"

<b>Patient Name:</b>	James Raynor	<b>Procedure Date:</b>	8/21/2018 3:17 PM
<b>MRN:</b>	4542402	<b>Account Number:</b>	706172566745
<b>Date of Birth:</b>	5/15/1960	<b>Admit Type:</b>	Outpatient
<b>Age:</b>	58	<b>Note Status:</b>	Finalized
<b>Attending MD:</b>	DOUMIT S. BOUHAI DAR, MD	<b>Instrument Name:</b>	1G391H170

## Moderate Sedation:

Moderate (conscious) sedation was administered by the endoscopy nurse and supervised by the endoscopist. The following parameters were monitored: oxygen saturation, heart rate, blood pressure, respiratory rate, EKG, adequacy of pulmonary ventilation, and response to care. Total physician intraservice time was 10 minutes.

## Estimated Blood Loss:

Estimated blood loss: none.

**Recommendation:** - Patient has a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed with the patient. Return to normal activities tomorrow.

→ Written discharge instructions were provided to the patient. ←  
 → Discharge patient to home (ambulatory). ←  
 - Continue present medications.

**Procedure Code(s):** --- Professional ---  
 43235, Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

**Diagnosis Code(s):** --- Professional ---  
 K29.70, Gastritis, unspecified, without bleeding

→ K12, Heartburn ←  
K21.9, Gastro-esophageal reflux disease without esophagitis ←

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The codes documented in this report are preliminary and upon coder review may be revised to meet current compliance requirements.

EXHIBIT - A - PAGE 11 (1).  
 OF (14)(5)

DOUMIT S. BOUHAI DAR, MD  
 Finalized Date: 8/21/2018 3:37:28 PM  
 This report has been signed electronically.

Number of Addenda: 0

Note Initiated On: 8/21/2018 3:17:27 PM

→ Procedure Date: 8/21/2018 3:17:27 PM ←

Total Procedure Duration:

7 Minutes 27 Seconds

Scope In:

3:25:43 PM

Scope Out:

10/22/18  
 C Schoum

GI ENDOSCOPY



# VCU Health

Gastroenterology OP Etab Visit

\* Final Report \*

RAYNOR, JAMES - 4542402

**VS:** T 36.6 C BP 137/94 HR 71 RR 18 SpO2 100% Pain 6 Ht 177.8 cm(70") Wt 137.2 kg BMI 43.4 BSA 2.60 (10/10 09:03)

**General:** Well-Appearing. NAD. Caucasian male.

**Eyes:** Sclera anicteric.

**ENT:** No oral lesions.

**Nodes:** No adenopathy.

**Skin:** No new rashes

**Respiratory:** Lungs clear to auscultation.

**Cardiovascular:** Regular rate, no murmurs, + pedal edema, no JVD.

**Abdomen:** Soft, NTND. Obese abdomen.

**Extremities:** No muscle wasting, no gross arthritic changes.

**Neurologic:** Alert and oriented, cranial nerves grossly intact.

Labs reviewed and interpreted in Cerner.

## Endoscopy:

EGD 2012 - erythema in body of stomach. Biopsies normal.

EGD 8/2018: Findings:

The examined esophagus was normal.

Diffuse mild inflammation characterized by erythema was found in the entire examined stomach.

The examined duodenum was normal.

No drains or tubes remain after this procedure. No devices, grafts, tissues, transplants were implanted during this procedure. No specimens were removed during this procedure.

**Impression:**

- Normal esophagus.
- Gastritis.
- Normal examined duodenum.
- No specimens collected.

## Colonoscopy 8/2018:

**Impression:**

- Diverticulosis in the sigmoid colon.
- One 8 mm polyp in the sigmoid colon, removed with a cold snare. Resected and retrieved.
- The examined portion of the ileum was normal.
- The examination was otherwise normal.
- Non-bleeding internal hemorrhoids.

**PATH:** Hyperplastic polyp.

EXHIBIT  
A-(1). # (2).  
PAGE 4 (2) OF (4)

## Assessment and Plan:

1. GERD: Symptoms suboptimally controlled on Omeprazole 20 mg BID and was uptitrated to 40 mg BID AC. EGD was performed 8/2018 for report of hematemesis but was endoscopically normal

-Increase Omeprazole to 40 mg BID - 30-60 min before meals

-Add H2-blocker (Famotidine or Ranitidine) prior to bedtime due to nighttime symptoms

-Lifestyle modification emphasized GERD lifestyle changes: Maintain a healthy weight, avoid tight-fitting clothing, avoid foods and drinks that may trigger symptoms such as fried or fatty foods, alcohol, chocolate, mint, garlic, onion, caffeine,

Printed by: Carthorn, Lakeisha W

Printed on: 10/11/2018 13:55 EDT

10/22/18  
Schnepp

Page 3 of 4  
(Continued)

## VCU Health

Gastroenterology OP Etab Visit

\* Final Report \*

RAYNOR, JAMES - 4542402

Result Type: Gastroenterology OP Etab Visit  
 Date: October 10, 2018 12:55 EDT  
 Status: Auth (Verified)  
 Subject: GI Inmate Clinic Note  
 Author: KUMRAL MD, DENNIS on October 10, 2018 12:57 EDT  
 Electronically Signed By: BICKSTON MD, STEPHEN J on October 11, 2018 11:48 EDT  
 Encounter info: 706172184731, VCUHS, OP, 10/10/2018 - 10/10/2018

## \* Final Report \*

## GI Inmate Clinic Note

Patient: RAYNOR, JAMES MRN: 4542402 FIN: 706172184731  
 Age: 58 years Sex: M DOB: 05/15/1960  
 Associated Diagnoses: None  
 Author: KUMRAL MD, DENNIS

## GASTROENTEROLOGY CLINIC NOTE

Wednesday, October 10, 2018 @ 12:55

PCP: TESEMMA DO, NEGASH

Attending: Bickston

## HPI:

Mr. Raynor is a 57 year old inmate with HTN, CAD, OSA referred for evaluation of gastritis and reflux.

The patient was last seen in inmate GI clinic 4/11/18 by Dr. Kaspar. At that time, he related symptoms of acid reflux which have been present for at least 3 years. Occurs 2-4 times per week, epigastric abdominal pain accompanied by sour taste in mouth and burning in oropharynx and chest. No melena or hematochezia. Worse with eating. No relief with dietary modifications but has achieved partial improvement in symptoms with omeprazole, 20mg PO BID which he is taking in an optimal fashion. After the last visit he was recommend to take 40 mg BID but per the patient and MAR provided, he has still be on 20 mg BID. He does use a wedge pillow and sleeps at incline. He stopped eating red sauce as it makes reflux worse. He eats late night snakes (Matzo crackers). He has been working loosing weight and reports he is down from 340 to to 303.

No significant nausea/vomiting, hematemesis. Does spit up with dark red color occasionally (EGD 8/2018 mild antral gastritis). No melena or hematochezia.

## Review of systems:

Symptoms related to the following organ systems were reviewed during today's visit: Skin, ENT, Eyes, CV, Resp, GI, MS, Neuro, Psych, Endocrine, Heme and Allergies. All were negative or normal except for symptoms noted in reason for visit above

**Problem List (Active Medical Only)** This information was current as of 10/10/18 @ 12:55:00.

Printed by: Carthorn, Lakeisha W  
 Printed on: 10/11/2018 13:55 EDT

Page 1 of 4  
 (Continued)

EXHIBIT A-(1). PAGE 17 (B)

10/22/18  
 C. Achermann



VCU Health

Gastroenterology OP Etab Visit

\* Final Report \*

RAYNOR, JAMES - 4542402

Active: 11

GERD - Gastro-esophageal reflux disease

-HTN - Hypertension

-Hyperlipidemia

-MIGRAINE

-Obesity

-Seizures in response to acute event

SHARP, or SEVERE in EFFECT: INTENSE ACUTE PAIN:  
EXTREMELY GREAT AND SERIOUS; (OPPOSED TO CHRONIC): FOUND IN  
(RANDOM HOUSE WEBSTER'S  
DICTIONARY)

Past Surgical History This information was current as of 10/10/18 @ 12:55:49

- Endoscopy

- Extn - Extraction of tooth

- Ultrasound

- 12/12/2012: EEG

Allergies as charted in the allergies profile as of 10/10/18 12:55:49.

NKA

Home Medications This information was current as OF 10/10/18 @ 12:55:00.

Prescriptions & Documented Meds By Hx:

-albuterol (ProAir HFA 90 mcg/inh inhalation aerosol with adapter)(Hx): 2 PUFF, Inhalation, twice daily

-apap/asa/caffeine (Pain Reliever Plus oral tablet)(Hx): 2 tab, PO, twice daily

-chlorhexidine topical (Peridex 0.12% mucous membrane liquid)(Rx): 15 mL, PO, twice daily

-ciclesonide (Alvesco HFA)(Hx): Special Instructions: inhale one puff orally twice daily

-furosemide (furosemide 40 mg oral tablet)(Hx): 40 mg, PO, daily

-gabapentin (gabapentin 800 mg oral tablet)(Hx): 800 mg, PO, twice daily

-hydrochlorothiazide-lisinopril (hydrochlorothiazide-lisinopril 12.5 mg-10 mg oral tablet)(Hx): 1 tab, PO, daily

-isosorbide mononitrate

(isosorbide mononitrate 30 mg oral tablet, extended release)(Hx): 30 mg, PO, daily

-nitroglycerin (nitroglycerin 6.5 mg oral capsule, extended release)(Hx): 6.5 mg, PO, bedtime

-nitroglycerin (Nitrostat 0.4 mg sublingual tablet)(Hx): 0.4 mg, SL, every 5 minutes, (not to exceed 3 doses/15 min--if pain persists, seek medical attention)

-nortriptyline (nortriptyline 75 mg oral capsule)(Hx): 75 mg, PO, bedtime

-omeprazole (omeprazole 20 mg oral enteric coated capsule)(Hx): 20 mg, PO, twice daily

-phenytoin (phenytoin 100 mg oral capsule, extended release)(Hx): 200 mg, PO, twice daily

-potassium chloride(Hx): 40 mEq, PO, daily

-simvastatin (simvastatin 40 mg oral tablet)(Hx): 40 mg, PO, bedtime

-verapamil (verapamil 120 mg oral tablet)(Hx): 120 mg, PO, twice daily

Family History: No family history of GI malignancy or liver disease

Social History This information as of 12:55 on 10/10/18.

-Tobacco Assessment

Never smoker

-Alcohol Assessment

Denies Alcohol Use

-Substance Abuse Assessment

Denies Substance Use

Physical Examination:

Printed by: Carthorn, Lakeisha W

Printed on: 10/11/2018 13:55 EDT

Page 2 of 4

(Continued)

EXHIBIT A- PAGE 17(4)

10/22/18  
C. Lamm



# Health System

Virginia Commonwealth University

## MCV Hospitals and Physicians

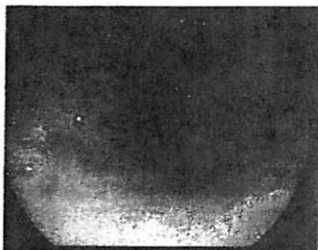
<b>Patient Name:</b>	James Raynor	<b>Procedure Date:</b>	8/21/2018 3:17 PM
<b>MRN:</b>	4542402	<b>Account Number:</b>	706172566745
<b>Date of Birth:</b>	5/15/1960	<b>Admit Type:</b>	Outpatient
<b>Age:</b>	58	<b>Note Status:</b>	Finalized
<b>Attending MD:</b>	DOUMIT S BOUHAI DAR, MD	<b>Instrument Name:</b>	1G391H170

Diffuse mild inflammation characterized by erythema was found in the entire examined stomach.

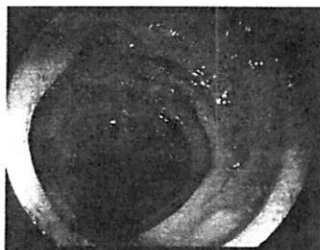
The examined duodenum was normal.

No drains or tubes remain after this procedure. No devices, grafts, tissues, transplants were implanted during this procedure. No specimens were removed during this procedure.

### Add'l Images:



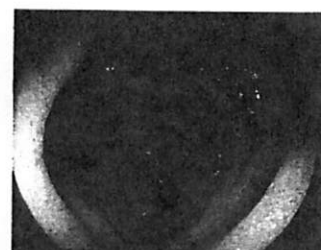
1 Gastric Body



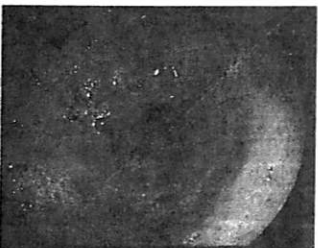
2 2nd Portion of the Duodenum



3 2nd Portion of the Duodenum



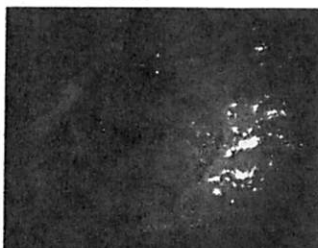
4 Upper Gastrointestinal Tract



5 Gastric Body



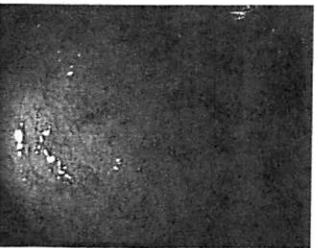
6 Lesser Curvature



7 Gastric Body



8 Gastric Body



9 Duodenal Bulb

**Impression:**

- Normal esophagus.
- Gastritis.
- Normal examined duodenum.
- No specimens collected.

**Complications:** No immediate complications.

*Schroyer*  
10/22/18

### G I ENDOSCOPY

**EXHIBIT B - Informal Complaint**  
 INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

**Offender Name** Rabbi: JAMES H. RAYNOT **Offender Number** # 1007103 **L.V.C. #** HU-70-71-109  
**Medical Doctor in L.V.C. Medical Unit Department:** 11-5-20 **Housing Assignment** 11-5-20 **Date/Time of Incident** 11-5-20 1:40 PM  
☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager  
☐ Personal Property ☐ Commissary ☐ Mailroom  
☒ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific): ON THE ABOVE DATE + TIME, THE MEDICAL DOCTOR AT L.V.C. MEDICAL UNIT DID WITH COMMON KNOWLEDGE VIOLATED STATE AND FEDERAL LAWS UNDER THE 8TH AMENDMENT FOR DELIBERATE INDIFFERENCE TO MY SERIOUS MEDICAL NEEDS: VIOLATION OF STATE LAW + POLICY UNDER OPERATING PROCEDURE 801.3 PAGE 8(11), OF (13), MANAGING OFFENDERS WITH PHYSICAL EMPAIRMENT DISABILITIES: "ANY DISORDER OR CONDITION OF THE BODY'S SYSTEMS, SUCH AS DEFINED UNDER THE DIGESTIVE SYSTEM: SUCH AS SEVERE GASTRO-ESOPHAGEAL ACID REFLUX DISEASE" (G.E.R.D.), SEVERE GOUT FROM HIGH PROTEIN FOODS THAT CAUSES EXTREME DEBILITATING PAIN + SUFFERING. FEDERAL LAWS UNDER THE AMERICANS WITH DISABILITIES ACT SECTION: 12102 PAGE (7), PART (B) MATTER: BODILY FUNCTIONS, SUCH AS THE DIGESTIVE SYSTEM, SUFFERING FROM GASTRO-ESOPHAGEAL ACID REFLUX DISEASE: SUPPORT BY PRISON MEDICAL RECORDS: OF OCT. 10TH, 2018, + 2011: LEGAL CASE LAW SUPPORTING IS "VERBET V. FLYER 112 F. SUPP. 2D 1216, 1215 (N.D. 11/2002), WHERE PRISON DOCTORS REFUSED + DECLINED TO FOLLOW THE RECOMMENDATIONS OF OUTSIDE SPECIALIST, WHICH THEY WERE NOT: PLAINTIFF HAS HIS EXPER OUTSIDE SPECIALIST WITNESSES, AND HEART DUSTON: THAT CAN CAUSE ESOPHAGEAL CANCER, AND WILL TESTIFY TO INJURY, PAIN + SUFFERING, AND THAT THE ISSUES RAISED CAN CAUSE ESOPHAGEAL CANCER, AND OTHER MEDICAL INJURIES:  
**Offender Signature** Rabbi: James H. Raynot **Date** 11-5-20 AT 7:40 PM  
**Offenders - Do Not Write Below This Line**

**Date Received:** \_\_\_\_\_ **Tracking #** \_\_\_\_\_  
**Response Due:** \_\_\_\_\_ **Assigned to:** \_\_\_\_\_  
**Action Taken/Response:** PLEASE BE ADVISED THAT I HAVE PRESENTED YOUR DIETARY CONCERNS TO THE FACILITY PHYSICIAN + HAVE ALSO REQUESTED GUIDANCE FROM (VA DOC CHIEF PHYSICIAN "DR AMONETTE") REGARDING YOUR DIET. I WILL LET YOU KNOW AS SOON AS I RECEIVE ANY INFORMATION REGARDING DIETARY CHANGES.

**Respondent Signature** C. Yarger RN, RHSM **Printed Name and Title** GEO Secure Services Eastern Regional Office **Date** 11/10/20  
**WITHDRAWAL OF INFORMAL COMPLAINT:**

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.  
**Offender Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Staff Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



BEING TAKEN FOR CRIMINAL INVESTIGATION  
CONVERSION: TO WITH HOLD MEDICAL ORDERED  
FOOD N.P.A. McCURMEK HERSELF ORDERED AND  
PLAINTIFF NEEDS FOR HIS GASTRO-  
ESOPHAGEAL ACID REFLUX DISEASE:

### Informal Complaint

**INSTRUCTIONS FOR FILING:** Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.  
**An Informal Complaint is not required for an alleged incident of sexual abuse.**

Rabbi: James H. Raynor # 1007103 HU-70-71-109  
Offender Name Offender Number Housing Assignment  
N.P.A. McCurme / Mr. Alvarado H.S.A.  
Individuals Involved in Incident 10-26-20 16:00 AM  
Date/ Time of Incident

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Unit Manager/Supervisor | <input type="checkbox"/> Food Service   | <input type="checkbox"/> Institutional Program Manager |
| <input type="checkbox"/> Personal Property       | <input type="checkbox"/> Commissary   | <input type="checkbox"/> Mailroom                      |
| <input type="checkbox"/> Medical Administrator   | <input checked="" type="checkbox"/> Other (Please Specify): <u>Mr. Brecken: Facility Admin.</u> |  |

Briefly explain the nature of your complaint (be specific): N.P. Ms. McCurme + Mr. Alvarado H.S.A. ARE WILLFULLY AND WITH MALICE INTENT VIOLATING STATE + FEDERAL LAWS: UNDER STATE LAW OF THE A.D.A. OPERATING PROCEDURE 801.3 MANAGING OFFENDERS WITH PHYSICAL DISABILITIES. DATED AUGUST-1-2014 PAGE A(11). OF (13) "PHYSICAL IMPAIRMENT" UNDER THE CONDITION OF THE BODIES DIGESTIVE SYSTEM: FEDERAL LAWS UNDER SECTION 12102 UNDER THE A.D.A. AS DEFINED ON PAGE 15(17). PART (B). MAJOR BODILY FUNCTIONS: SUCH FUNCTIONS OF THE IMMUNE SYSTEM, AND FUNCTIONS OF THE DIGESTIVE SYSTEM. PLAINTIFF WAS GIVEN A MEDICAL ORDER TO STAY AWAY FROM FOODS THAT CAUSES EXTREM ACID REFLUX: THE ORDER WAS NO PEANUT BUTTER, NO FISH, NO BEANS, NO O.T. NO APPLES NO RED TOMATO SAUCE, NO SALAMI. THIS WAS ORDERED BY BOTH MEDICAL STAFF. PLAINTIFF'S EXPERT WITNESSES THAT HE NEEDED TO HELP STOP HIS EXTREM ACID REFLUX, HE NEEDED TO CHANGE HIS DIET: FID. THE DOCTOR AT VCU WHO TREATS PLAINTIFF'S ACID REFLUX, AND THE DOCTORS AT SOUTH HAMPTON HOSPITAL WHO TREATED PLAINTIFF'S HEART ISSUES ON MAY-20-21ST. AS IN FEDERAL CASE LAW VERSE V. ELYER, 113 F. SUPP. 2D 1211, 1215 (N.D. Ill-2000) THE FEDERAL COURT HELD PRISON DOCTORS WHO DECLINED TO FOLLOW OUTSIDE SPECIALIST RECOMMENDATIONS WAS IN  
Offender Signature Rabbi: James H. Raynor Date 10-26-20 LEGAL DELIBERAT.

Offenders - Do Not Write Below This Line

Date Received: 10-27-20 Tracking # LVCC 20 In 408438  
Response Due: 11-10-20 Assigned to: Medical  
Action Taken/Response:

PLEASE BE ADVISED THAT I HAVE MADE YOUR DIETARY REQUESTS KNOWN TO DR AMONETTE IN WRITING AS REQUIRED BY DOC POLICY. DR AMONETTE DECLINED TO GRANT YOUR DIET REQUEST. I EXPLAINED OUR DISCUSSION + SHARED YOUR NOTES FROM YOUR APPOINTMENT.

[Signature] C. Yarger RN, RHSM  
Respondent Signature GEO Secure Services  
Eastern Regional Office  
Date 11/20/20

### WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Exhibit - (G) - (3)



VIRGINIA DEPARTMENT OF CORRECTIONS

## Grievance Receipt

866.1 A-3

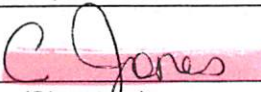
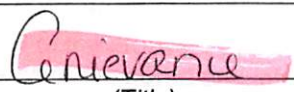
DOC Location: LVCC Lawrenceville Correctional Center

Report generated by Jones, C

Report run on 10/23/2017 at 12:29 PM

Grievance Number: LVCC-17-INF-03284

Next Action Date: 11/7/2017 12:00 AM

On this date:	10/23/2017	I have received a statement from:
Raynor, James H	1007103	Lawrenceville Correctional Center
	of	70-71-109-109-T
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
<p>For over a full month and a half the handicap shower has been turned off. As such I have had to use the small showers I am a handicap inmate. On 9/24/17 I slipped in the small shower due to a small piece of soap. I severely hurt my knee cap and has been in extreme pain. On 10/18/17 my knee gace up on me in the small shower on the back knee cap and broke the skin open and put a sore on my bad knee cap. I am not suppose to be in the small shower. I am a handicap inmate and need the handicap shower so I can sat so I don't fall plus I have a spine injury that warrants me to use the handicap shower. There is no reason what so ever for the handicap shower to be turned off for a month and half. Please be advised today 10/20/17 after 3 times of asking HU 70 manager Mr. Jones to try and get them turned back on to no avail. I contacted my attorneys to file court order to have this evidence photoed and video taped for court as legal evidence as was done at Sussex 2 SP.</p>		
 (Signature)		 (Title)

DATE I INJURED MY RIGHT  
KNEE CAP - 9-24-17:

WENT OUT FOR MRI, I WAS TOLD I NEEDED  
SURGERY FOR MY RIGHT KNEE CAP, NO FOLLOW UP  
OR SURGERY WAS DONE:

# Health System

EXHIBIT-(G)- PART # (2).

## MCV Hospitals and Physicians

<b>Patient Name:</b>	James Raynor	<b>Procedure Date:</b>	8/21/2018 3:12 PM
<b>MRN:</b>	4542402	<b>Account Number:</b>	706172566745
<b>Date of Birth:</b>	5/15/1960	<b>Admit Type:</b>	Outpatient
<b>Age:</b>	58	<b>Note Status:</b>	Finalized
<b>Attending MD:</b>	DOUMIT S. BOUHAI DAR, MD	<b>Instrument Name:</b>	L1C709G163

**Procedure:** Colonoscopy

**Indications:** High risk colon cancer surveillance Personal history of colonic polyps, Surveillance: Personal history of colonic polyps (unknown histology) on last colonoscopy more than 5 years ago, Surveillance: Personal history of colonic polyps with unknown histology on last colonoscopy (inadequate bowel preparation) less than 3 years ago, Last colonoscopy: January 2011

**Providers:** DOUMIT S. BOUHAI DAR, MD (Doctor), JOSEPH STAPLEY REDMAN, MD (Fellow), Jonathan King (Nurse), Marcia Chambers

**Patient Profile:** This is a 58 year old male.

**Referring MD:** DANIEL M. CALHOUN, MD (Referring MD) LAWRENCEVILLE CORRECTIONAL CENTER 1607 PLANTERS RD LAWRENCEVILLE, VA 23868

**Requesting Provider::**

**Medicines:** Fentanyl IV 200 mcgs, Versed IV 8 mgs

**Procedure:** Pre-Anesthesia Assessment:

- Prior to the procedure, a History and Physical was performed, and patient medications and allergies were reviewed. The patient is competent. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained. Patient identification and proposed procedure were verified by the physician, the nurse and the technician in the pre-procedure area in the procedure room in the endoscopy suite. Mental Status Examination: alert and oriented. Airway Examination: normal oropharyngeal airway and neck mobility. Respiratory Examination: clear to auscultation. CV Examination: normal. Prophylactic Antibiotics: The patient does not require prophylactic antibiotics. Prior Anticoagulants: The patient has taken no previous anticoagulant or antiplatelet agents. ASA Grade Assessment: II - A patient with mild systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. The anesthesia plan was to use moderate sedation / analgesia (conscious sedation). Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure. After I obtained informed consent, the scope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Colonoscope was introduced through the anus and advanced to the terminal ileum. Any specimens taken will be listed below in the Findings section of the note. If there are no specimens listed in Findings, then no specimens were taken. The colonoscopy was performed without difficulty. The patient tolerated the procedure well. The quality of the bowel preparation was good.

### Attending Participation:

I was present and participated during the entire procedure, including non-key portions.

### Findings:

Multiple small and large-mouthed diverticula were found in the sigmoid colon.

10/22/18  
C Schamp MD



VIRGINIA  
DEPARTMENT OF CORRECTIONS

EXHIBIT ~~C~~ ~~STATE~~ (H).

SENCE - JUNE - 2020  
(C.P.A.P. MACHINE DENIED For (8) MONTHS)  
Emergency Grievance 866\_F4\_4-16

### Emergency Grievance

Log # 157837

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

RAYNOR Rabbi: JAMES # 1007103 LVCC HU-70-71-109  
Offender Last Name First Number Facility Building-Cell/Bed

### PART A- OFFENDER CLAIM

What is the emergency? Medical Supervisors, For DENYING ME MY A.D.A. MEDICAL EQUIPMENT, THAT IS UNDER COURT ORDER FOR ME TO HAVE, MY C.P.A.P. MACHINE FOR (6) MONTHS, AND BY THIS UNLAWFUL DENIED A.D.A. Durable MEDICAL EQUIPMENT, AND THE FACT "LAST NIGHT" I STOPPED BREATHING AND HAD TO HAVE MY CELLY WAKE ME BEFORE I LOST MY LIFE. MEDICAL SUPERVISORS IS AND HAS AND KEEPS PUTTING MY LIFE AT SERIOUS RISK OF HARM OR INJURY: IN VIOLATION OF U.S. CONSTITUTIONAL LAWS OF THE 8TH AMENDMENT FOR DELEBERATE INDIFFERENCE OF MY SERIOUS MEDICAL NEEDS: ALSO VIOLATING FEDERAL COURT ORDERED SETTLEMENT AGREEMENT CONTRACT PAGE A (2), LINE (13). AND ALSO COMMITTING CRIMINAL FRAUDULANT CONVERSION TO WITH HOLD MY PERSONAL PROPERTY: DUE TO TWO LEGAL FACTS, I TURNED MINE IN FOR REPLACEMENT DUE TO SEWER WATER DAMAGE: A JUN 2020: P(2). IN FEB-2017 A SLEEP STUDY TEST WAS DONE FOR (2) NIGHTS AT SOUTH HAMPTON: AND WITH HOLDING MY C.P.A.P. FROM ME IS "STEALING" AND PUTTING MY LIFE IN DANGER OF SERIOUS RISK OF HARM: MEDICAL SUPERVISORS HAS COMMON KNOWLEDGE OF THIS: AND LEGAL ACTIONS ARE BEING TAKEN: DEATH: 11-4-20 9:20 AM Rabbi: James Raynor 1007103

Date/Time

Offender Signature and Number

### PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

- ☐ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:
- ☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen \_\_\_\_\_
- ☐ Submit Sick Call Request ☐ Send an Offender Request To: \_\_\_\_\_
- ☐ Submit Request to Dental ☒ Other (Provide detailed explanation below)

PLEASE BE ADVISED THAT IN CONSULTATION WITH THE PHYSICIAN, YOU WILL BE ADMITTED INTO MEDICAL OBSERVATION TO MONITOR YOUR APNEA + O2 SATURATION. YOUR APPOINTMENT TO RECEIVE THE REPLACEMENT (SEEN)

- ☒ Your grievance has been determined to be an emergency and the following action has been taken:
- ☐ Sent to Hospital: Date Transported \_\_\_\_\_ ☒ Other (Provide detailed explanation below)

CPAP WILL BE OCCURRING SOON! BE AWARE THAT IN ORDER FOR US TO PROVIDE A NEW CPAP WE MUST FIRST COMPLETE A NEW SLEEP STUDY TO HAVE THE MACHINE CALIBRATED.

11/4/20 1007103 C. Yarger RN, RHSM  
Date/Time Respondent Signature GEO Secure Services Eastern Regional Office

- ☐ PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified
- Alleged sexual abuse or sexual harassment ☐ Will be referred for Investigation

Determination by: \_\_\_\_\_ Signature Name/Title Printed Date/Time





VIRGINIA DEPARTMENT OF CORRECTIONS

## Grievance Receipt Report

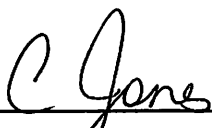
VACORIS C - #.0

DOC Location: LVCC Lawrenceville  
Correctional Center

Report generated by Jones, C

Report run on 11/05/2020 at 11:16 AM

*Exhibit - C -*Grievance Number: LVCC-20-INF-03543Next Action Date: 11/20/2020 12:00:00 AM

On this date:	11/05/2020	I have received a statement from:
Raynor, James H	1007103 of	Lawrenceville Correctional Center Inf-01-01-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
warrant will be issued for replacement of cpap machine.		
 (Signature)		Grievance Coordinator

*MY REFUSED**C. P. A. P.**machine**For (8) MONTHS  
SINCE JUNE - 2020*

Officer Initials: \_\_\_\_\_

Informal Complaint 866\_F3\_4-17

Exhibit - C -

### Informal Complaint

**INSTRUCTIONS FOR FILING:** Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name Rahki, James H. Ruyman

Offender Number # 1007103

Housing Assignment 14U-70-71-108

Medical Records DEPARTMENT:  
Individuals Involved in Incident

Date/Time of Incident 11-11-20 AT 4:00 PM

- ☐ Unit Manager/Supervisor  
☐ Personal Property  
☒ Medical Administrator

- ☐ Food Service  
☐ Commissary  
☐ Other (Please Specify):

- ☐ Institutional Program Manager  
☐ Mailroom

Briefly explain the nature of your complaint (be specific): PLEASE BE ADVISED, ON 8-12-20, AND ON 10-25-20, I FILED (2) NOTICES ALONG WITH MONEY WITHDRAW FOR MEDICAL RECORDS OF: IF (1). A SLEEP STUDY TEST THAT WAS DONE AT SOUTH HAMPTON, BY NANCY THE TEST TALK: IF (2). A MEDICAL RECORD COPY OF MY MEDICAL DIET ORDER OF 4-21-20: IF (3). A COPY OF MY MEDICAL RECORDS OF MY MEDICAL DIET ORDER OF 8-12-20, AND COPY OF THAT MEDICAL VISIT DEALING WITH MY ISSUES AT THAT VISIT: AT THIS POINT I'M GIVEN MEDICAL RECORDS UNTILL 11-13-20 AT 4:00 PM, TO COME UP WITH MY MEDICAL RECORDS, OR ON MONDAY 11-16-20 A FORMAL LEGAL DOCUMENT W.II BE FILED BY MY ATTORNEYS TO THE COURT FOR UNLAWFUL WITH HOLDING MATERIAL EVIDENCE FROM THE COURT UNDER CRIMINAL CONTEMPT TO WITH HOLD UNDER U.S. CONSTITUTIONAL LAWS OF THE 14th AMENDMENT UNDER DUE PROCESS OF THE LAW. (90) DAYS PASTED IS SUFFICIENT TIME TO HAVE OBTAINED SAID MEDICAL DOCUMENT: A TRUE COPY OF THIS LEGAL NOTICE HAS WENT OUT TO MY ATTORNEYS AT BAILEY LAW FIRM FOR PROCESSING MONDAY 11-16-20, IF DOCUMENTS IS NOT OBTAINED BY 11-13-20 AT 4:00 PM

Offender Signature Rahki, James Ruyman

Date 11-12-20

Offenders - Do Not Write Below This Line

Date Received: \_\_\_\_\_

Response Due: \_\_\_\_\_

Action Taken/Response: \_\_\_\_\_

Tracking # \_\_\_\_\_

Assigned to: \_\_\_\_\_

MY REFUSED C.P.A.P. MACHINE  
FOR (8) MONTHS FROM JUNE-2020

Respondent Signature

Printed Name and Title

Date

### WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_



VIRGINIA DEPARTMENT OF CORRECTIONS

# Grievance Receipt Report

*Exhibit - C -*

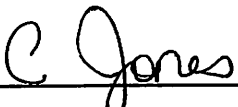
VACORIS C - #.0

DOC Location: LVCC Lawrenceville  
Correctional Center

Report generated by Jones, C

Report run on 10/27/2020 at 01:34 PM

Grievance Number: LVCC-20-INF-03435Next Action Date: 11/11/2020 12:00:00 AM

On this date:	10/27/2020	I have received a statement from:
Raynor, James H	1007103 of	Lawrenceville Correctional Center
		70-71-109-109-T
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
Has been refused a cpap machine since June 2020.		
 (Signature)		Grievance Coordinator

Officer Initials: \_\_\_\_\_





Exhibit - ~~124~~  
 VIRGINIA  
 DEPARTMENT OF CORRECTIONS

RESPONSE THAT SELF ADMITS  
 COMMON KNOWLEDGE OF SERIOUS  
 RISK OF HARM OR INJURY:

Emergency Grievance 866\_F4\_4-16

### Emergency Grievance

Log # 158136

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

Offender Last Name: RAYNOR First: Rabbi: JAMES Number: A 1007103 Facility: LVCC Building-Cell/Bed: MU-70-71-109

### PART A- OFFENDER CLAIM

What is the emergency?

I HAVE BEEN OUT OF MY MEDICAL SUPPLIES FOR (3) WEEKS, MY  
BABY WIPES, I'VE BEEN OUT OF WATER FOR MY C.P.A.P. FOR A FULL WEEK + HALF  
OUT OF MY EXCIDERIN FOR MIGRAINES FOR (3 1/2) WEEKS, AND MY MOTRIN FOR MY  
SPINE FOR (4) MONTHS NOW WITH OUT ANYTHING TO HELP. I KEEP GETTING PEOPLE  
AND STAFF TELLING ME IT WILL BE TAKING CARE OF AND I STILL HAVE TO DEAL WITH ALL  
THE DEBILITATING PAIN ON MY OWN. PUTTING MY HEALTH AND LIFE MEDICALLY IS NOT  
A JOKE. I'M TIRED AND I'M IN PAIN, AND FORMAL LEGAL ACTION WILL BE TAKEN. COPIES ARE  
4-27-21 9:47 AM Rabbi: James Raynor #1007103 SENT OUT FOR  
EXHIBITS.

### PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

- ☐ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:
- ☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen \_\_\_\_\_
- ☐ Submit Sick Call Request ☐ Send an Offender Request To: \_\_\_\_\_
- ☐ Submit Request to Dental ☐ Other (Provide detailed explanation below) \_\_\_\_\_

→ 4/27/2021: Admin Aware of supply needs. Dr order Exciderin should be  
here. From. No order for motrin you have Tylenol order.  
Take Care Mr Raynor.

- ☐ Your grievance has been determined to be an emergency and the following action has been taken:
- ☐ Sent to Hospital: Date Transported \_\_\_\_\_ ☐ Other (Provide detailed explanation below) \_\_\_\_\_

1500 4/27/2021 B. Russell B. Russell  
 Date/Time Respondent Signature Name/Title Printed

☐ PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment ☐ Will be referred for Investigation

Determination by: \_\_\_\_\_  
 Signature Name/Title Printed Date/Time

Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator



VIRGINIA DEPARTMENT OF CORRECTIONS

**Grievance Receipt Report**


VACORIS C - #.0

DOC Location: LVCC Lawrenceville  
Correctional Center

Report generated by Jones, C

Report run on 02/26/2021 at 11:28 AM

*EXHIBIT-D-(3)*Grievance Number: LVCC-21-INF-00492Next Action Date: 3/13/2021 12:00:00 AM

On this date:	02/26/2021		I have received a statement from:
Raynor, James H	1007103	of	Lawrenceville Correctional Center 70-71-109-109-T
(Offender Name and DOC#)			(Filed Location and Housing)
Setting out the following complaint:			
For 7 weeks you have not been provided with baby wipes for your medical issues.			
			Grievance
(Signature)			

Officer Initials: \_\_\_\_\_



The GEO Group, Inc.

FORMAL LEGAL NOTICE OF ACTION  
NEEDED BY MEDICAL DEPARTMENT

LAWRENCEVILLE CORRECTIONAL CENTER  
Lawrenceville, VA

Exhibit-D-(2)

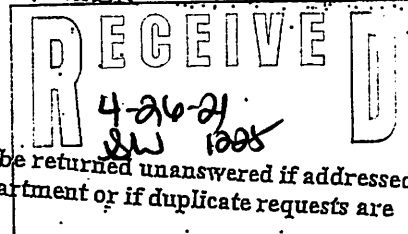
ROUTINE

Offender Request

## DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; **KEEP IT BRIEF**
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.



YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
RAYNOI	RABBIT JAMES	H.	# 1007103	HU-70-71
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	
N/A	MS. JONES		4-24-21	

- TO: ☐ Unit Manager ☒ Medical ☐ Personal Property ☐ Law/Library ☐ Security
- ☐ Treatment ☐ Mental Health ☐ Education ☐ Dental ☐ Maintenance
- ☐ Chaplain ☐ Facility Admin. ☐ Asst. Facility Admin. ☐ Chief of Housing & Programs ☐ Accounting
- ☐ Other \_\_\_\_\_

## CHECK PURPOSE

☒ Appointment Request☐ Question/Statement MS. KING, H.S.A./MR. YAGARI, R.H.S.M

CAN I PLEASE GET MY BABY WIPES EVERY WEEK LIKE I'M SUPPOSE TO GET THEM PER MY FEDERAL SETTLEMENT AGREEMENT CONTRACT BY GEO-GROUP INC AND MYSELF. I HAVE ONLY FOR SOME REASON OR THE OTHER GET THEM (1) ONCE A MONTH. I WAS TOLD TO GET THEM ON SUNDAYS. I GET THERE AT MEDICAL THAT DON'T HAVE THEM. THEY TELL ME COME BACK ON MONDAYS. THEN I'M TOLD THE PERSON WHO HAS THEM IS GONE AND AGAIN I DON'T GET THEM. IN FACT MS. KING THE LAST ONES I GOT YOU GAVE ME IN THE BACK HALL WAY. NOT GETTING THE MEDICAL ITEMS OR EQUIPMENT VIOLATES AND DEFAULTS THE FEDERAL SETTLEMENT AGREEMENT CONTRACT BY GEO-GROUP INC AND MYSELF. I CAN'T KEEP GOING ON LIKE THIS. I'M ACTING IN GOOD FAITH, AND I'VE BEEN RESPECTFUL, + UNDERSTANDING, BUT THINGS HAS TO CHANGE TO HELP THIS ISSUE. PLEASE MEET WITH ME WITH MR. YAGARI.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

## RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: \_\_\_\_\_

Date: \_\_\_\_\_

Supplies are issued on Sundays and you have been added to master pass

Offender seen ☐ Yes ☐ No

Official Responding

Date of Response





The GEO Group, Inc.

## LAWRENCEVILLE CORRECTIONAL CENTER

Lawrenceville, VA

Exhibit - D-11

## Offender Request

## DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

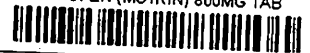
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
RAYNOR	RABBIT JAMES	M	# 1007103	144-70-71 109
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	
N/A			NOV-25TH-2020	

TO: ☐ Unit Manager ☒ Medical <sup>SELF</sup> ☐ Personal Property ☐ Law Library ☐ Security  
☐ Treatment ☐ Mental Health ☐ Education ☐ Dental ☐ Maintenance  
☐ Chaplain ☐ Facility Admin. ☐ Asst. Facility Admin. ☐ Chief of Housing & Programs ☐ Accounting  
☐ Other \_\_\_\_\_

## CHECK PURPOSE

☒ Appointment Request ☐ Question/Statement

 RX 27752532-1 1007103  
 RAYNOR, JAMES 345 QTY 60  
 IBUPROFEN (MOTRIN) 800MG TAB


I NEED TO GET THIS MEDICATION FILLED, I'M OUT OF IT  
 AND I NEED MY BABY WIPES, I'M OUT AND NEVER GOT LAST WEEK  
 OR THIS WEEK UP TO THIS POINT! THANK YOU FOR YOUR TIME  
 GOD BLESS + KEEP YOU SAFE  
 FROM COVID-19.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

## RESPONSE

Request sent to correct department ☒ Yes ☐ No; Routed to: pharmacyDate: 11-30-20

Your order expired 10-11-20 you will be scheduled for sick call

Offender seen ☐ Yes ☒ No
K. Yuma 10N  
 Official Responding

11-30-20

Date of Response



VIRGINIA  
DEPARTMENT OF CORRECTIONS

SENT BACK NON RESPONSE "EXHIBIT (2)"  
FOR REFUSED MEDS  
Emergency Grievance 866\_F4\_4-16  
571 FOR SEIZURES

## Emergency Grievance

Log # 142378

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

RAYNOR Rabbi: JAMES #1007103 LVCC H4-70-71-109  
Offender Last Name First Number Facility Building-Cell/Bed

## PART A- OFFENDER CLAIM

What is the emergency? FROM 7:00 AM UNTILL 10:05 PM I NEVER GOT MY MEDICATION FOR MY SEIZURES, OR MY LUNCH TRAY. AT 10:15 PM I GOT MY LUNCH, AT THIS TIME I'M STILL WAITING FOR MY SEIZURE MEDICATION THAT DAY SHIFF AT MEDICAL NEVER GAVE ME!! THE ISSUES IN THIS EMER-GRIEVANCE WILL BE TAKEN TO THE U.S. DISTRICT COURT BY MY ATTORNEYS ON 6-20-20: ENOFÉ IS ENOFÉ MEDICAL IS PUTTING MY LIFE ENDANGER OF SERIOUS RISK OF HARM + INJURY:  
6-19-20 10:05 PM. Rabbi: James Raynor #1007103 PILL CASE CELL AT 12:37  
Date/Time Offender Signature and Number

## PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

☐ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:  
☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen \_\_\_\_\_  
☐ Submit Sick Call Request ☐ Send an Offender Request To: \_\_\_\_\_  
☐ Submit Request to Dental ☐ Other (Provide detailed explanation below) \_\_\_\_\_

☐ Your grievance has been determined to be an emergency and the following action has been taken:  
☐ Sent to Hospital: Date Transported \_\_\_\_\_ ☐ Other (Provide detailed explanation below) \_\_\_\_\_

Date/Time Respondent Signature Name/Title Printed

☐ PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment ☐ Will be referred for Investigation

Determination by: \_\_\_\_\_  
Signature Name/Title Printed Date/Time

Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator

[Detach here]

## PART C- RECEIPT

Log #: 142378

Offender Last Name First Number Facility Building-Cell/Bed  
I acknowledge receipt of this complaint from the above offender. [Complete and issue to offender if taking from his/her presence for response.]

Date/Time Recipient's Signature (Staff Member) Name/Title Printed

EXHIBIT - CEJ-1



VIRGINIA DEPARTMENT OF CORRECTIONS

## Grievance Receipt

866.1 A-3

DOC Location: LVCC Lawrenceville Correctional Center

Report generated by Bridgeford, A

Report run on 07/09/2020 at 09:47 AM

Grievance Number: LVCC-20-INF-02216Next Action Date: 07/24/2020 12:00 AM

On this date:	07/09/2020	I have received a statement from:
Raynor, James H	1007103	Lawrenceville Correctional Center
	of	70-71-109-109-T
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
You were refused your seizure medication		
"A. Green"		"Jobs Coordinator" NOT GRIEVANCE COORDINATOR
= (Signature) =		= (Title) =

I WAS REFUSED MY SEIZURE MEDICATION DUE TO SECURITY CHIEF PARKER NOT LETTING NURSES BRING IN MEDICATION FOR MY SEIZURE:





VIRGINIA  
DEPARTMENT OF CORRECTIONS

FORMAL LEGAL NOTICE OF ACTIONS  
BEING TAKEN:

STILL 5-11-21 NO PAIN  
MEDICATION/TREATMENT  
FOR MY SPINE INJURY:

EXHIBIT- (E) 2

Informal Complaint 866\_F3\_4-17

### Informal Complaint

**INSTRUCTIONS FOR FILING:** Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

**An Informal Complaint is not required for an alleged incident of sexual abuse.**

Offender Name: Rabbi: JAMES H. RAYNER Offender Number: # 1007103 Housing Assignment: HU-70-71-109  
Individuals Involved in Incident: DOCTOR AND MEDICAL STAFF SUPERVISOR H.S.A. Date/ Time of Incident: 4-3-20 1 7:00 AM

- ☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager  
☐ Personal Property ☐ Commissary ☐ Mailroom  
☒ Medical Administrator ☒ Other (Please Specify): TO: MR. ALVARADO H.S.A.

Briefly explain the nature of your complaint (be specific): TODAY I ALMOST FELL (2) TIMES, "DUE TO THE ON GOING EXTREM DEBILITATING PAIN I'M STAYING IN. IN MY SPINE DUE TO NOT GETTING ANY PAIN MEDICATION WHAT SO EVER. I HAVE LET DOCTOR T. KNOW, A NUMBER OF NURSES, I'M STAYING IN EXTREM DEBILITATING PAIN IN MY SPINE: AND FOR ALMOST (2) FULL MONTHS I'VE BEEN DENIED ANY PAIN MEDICATION TO HELP WITH THIS PAIN MY SPINAL INJURY CONDITION IS CAUSING ME TO FALL MORE: THIS MORNING I ALMOST FELL (2) TIMES WALKING IN THE TOILET: I'VE TRIED TO BE PATIENT, I SEEN DOCTOR T. I STILL HAVE NOT RECEIVED ANY PAIN MEDICATION FOR MY SPINE: I HAVE LET DOCTOR T. KNOW I'VE NOT BEEN ABLE TO USE THE TOILET TO RELEASE MY BOWELS, IN (2) MONTHS I'VE USED THE TOILET (2) TIMES: SHE SAID SHE ORDERED THESE THINGS BUT YET I'VE NOT SEEN O BEEN GIVEN ANYTHING FOR THE ISSUES: SHE ALSO PUT IN MY MEDICAL RECORDS I CAN'T EAT FIS BEANS, OR PEANUT BUTTER" DUE TO MEDICAL CONDITION AND I STILL NOT GOT THAT DOCUMENT: BUT I WILL BE CONTACTING MY ATTORNEYS AND THE COURT. I'VE WROTE H.S.A. MR. ALVARADO (4) REQUEST I'M NOT SURE IF HE GOT THEM OR NOT. HER TOLD ME IF I NEED HELP WRITE TO HIM AND I'VE DONE THAT I HAVE NO OTHER WAY BUT BY LEGAL ACTION TO GET ANY HELP

Offender Signature: Rabbi: James H. Rayner

Date: 4-3-20

Offenders - Do Not Write Below This Line

Date Received: 4-7-20

Tracking # LVCC20Info1250

Response Due: 4-21-20

Assigned to: Medical

Action Taken/Response:

Mr Rayner,

Please Come for me. 4/21/20

@ 1600

Respondent Signature: all J

Printed Name and Title: Dr. Donaldson

Date: 4/15/20

### WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED  
APR 07 2020

EMER. GRIEVANCE LOG # 145780



VIRGINIA

DEPARTMENT OF CORRECTIONS

EXHIBIT - CF)

Informal Complaint 866\_F3\_4-17

**Informal Complaint**

**INSTRUCTIONS FOR FILING:** Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

**An Informal Complaint is not required for an alleged incident of sexual abuse.**

Rabbi: JAMES H. RAYNER  
Offender Name

# 1007103  
Offender Number

HU-70-71-109

Housing Assignment

MEDICAL DEPARTMENT  
Individuals Involved in Incident

4-3-20 1:00 PM  
Date/ Time of Incident

☐ Unit Manager/Supervisor

☐ Food Service

☐ Institutional Program Manager

☐ Personal Property

☐ Commissary

☐ Mailroom

☒ Medical Administrator

☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific): ON 4-3-20 AT 1:00 PM I FILED AN EMERGENCY GRIEVANCE LOG # 145780, FOR MEDICAL ISSUES. AS OF TODAY 4-4-20 I HAVE NOT GOT NO REPLY BACK FROM THAT EMER. GRIEVANCE O.P. IS BEING BROKEN, AND I STILL HAVE NO MEDICAL HELP! AND I'M STILL IN EXTREM DEBILITATING PAIN IN MY SPINE, AND FALLING

Offender Signature Rabbi: James H. Rayner

Date 4-4-2020 AT 10:45 AM.

**Offenders - Do Not Write Below This Line**

Date Received: 4-7-20

Tracking # LVC 20101248

Response Due: 4-21-20

Assigned to: Medical

Action Taken/Response:

Mr Rayner Please Come from  
04/21/20 @ 1600

A. Duran elvarado / HSA  
Respondent Signature

A. Duran elvarado / HSA  
Printed Name and Title

4-15-20  
Date

**WITHDRAWAL OF INFORMAL COMPLAINT:**

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LVC GRIEVANCE DF



## LAWRENCEVILLE CORRECTIONAL CENTER

The GEO Group, Inc.

Lawrenceville, VA

Exhibit-(F)-1

## Offender Request

FORMAL LEGAL NOTICE OF INTEREST FOR CRIMINAL INVESTIGATION, ON GOING VIOLATIONS UNDER U.S. CONSTITUTIONAL LAWS OF THE 8TH AMENDMENT FOR CRUEL AND UNUSUAL PUNISHMENT FOR DELIBERATE INDIFFERENCE OF SERIOUS MEDICAL NEEDS

## DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; **KEEP IT BRIEF**
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
RAYNOR	Rabbie JAMES	H.	1007103	HU-70-71
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
N/A	MS. GREEN	4-10-20		

- TO: ☐ Unit Manager ☒ Medical ☐ Personal Property ☐ Law Library ☐ Security
- ☐ Treatment ☐ Mental Health ☐ Education ☐ Dental ☐ Maintenance
- ☐ Chaplain ☐ Warden ☐ Asst. Warden Operations ☐ Asst. Warden Programs ☐ Accounting
- ☒ Other MC ALVARADO H.S.A.

## CHECK PURPOSE

☒ Appointment Request☐ Question/Statement

REQUEST WILL BE THE LAST REQUEST I SEND YOU. I HAVE SENT (3) OTHER REQUESTS, AND (2) INFORMAL COMPLAINTS. I'VE BEEN TRYING TO MEET WITH YOU, DUE TO SOME SERIOUS ISSUES WITH STAFF IN MEDICAL DEPARTMENT, AND ON GOING MEDICAL ISSUES THAT'S BEING IGNORED, THAT IF IT CAN NOT BE ADDRESSED WITH IN THE NEXT (5) DAYS I WILL HAVE MY ATTORNEYS PUT IN THE U.S. DISTRICT COURT AND U.S. DEPARTMENT OF JUSTICE, AS WELL TO THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES, TWO FORMAL RELEVANT EMERGENCY WARRANTS (E.O.) UNDER EXCEPTIONAL CIRCUMSTANCES FOR A PHYSICAL LEGAL INVESTIGATION OF MY MEDICAL RECORDS, TREATMENT PROCESS, MEDICATIONS, PLACES, AND PHOTO EVIDENCE WITH FEDERAL SUBPOENAS!! WHERE THEY WILL COME HERE LIKE AT 5:00 PM - 2:00 P.M. CLOSE MEDIC DOWN WHILE INVESTIGATING + PHOTO'S OF MY MEDICAL RECORDS, AND TREATMENTS. I'VE NOT HAD; THEY WILL COLLECT MATERIAL EVIDENCE, AND SWORN AFFIDAVITS BY OTHER INMATES GOING THROUGH THE SAME ISSUES. IF (2) THEY WILL INVESTIGATE AND EXAMINE WHY UNLAWFUL DEPRIVATION OF NEEDED MEDICATIONS AND TREATMENT IS BEING DENIED UNDER THE 8TH AMENDMENT AND FIND OUT WHY "MYSELF" AND OTHER INMATES ARE BEING DENIED MEDICAL CARE AND MEDICATIONS; WHEN WE TALKED I TOOK YOU AS A MAN OF YOUR WORDS. BUT FOR MOST I'VE BEEN DENIED MY PAIN MEDICATION FOR MY SPINE, AND I KEEP RUNNING OUT OF MY SELF MEDICATION'S FOR NO REASON. UNDER GOOD FAITH I MET WITH YOU, AND UNDER GOOD FAITH I'M TRYING TO MEET WITH YOU AGAIN TO CLEAR UP THE ISSUES, BEFORE FILING COURT DOCUMENTS TO PUSH THE MEDICAL NEEDED ISSUES. BUT IN (5) DAYS MY ATTORNEYS WILL DO WHAT IS NEEDED TO PROTECT MY HEALTH AND LIFE.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

## RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: HSADate: 04/13/20

Mr Raynor please come feling  
04/15/20 @ 1600

Offender seen ☐ Yes ☐ No

Official Responding

Date of Response





## LAWRENCEVILLE CORRECTIONAL CENTER

The GEO Group, Inc.

Lawrenceville, VA

Exhibit-(CF)-1

## Offender Request

PART # (2)  
TO MR. ALVARADO H.S.A.

## DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; **KEEP IT BRIEF**
3. Drop in the appropriate Mail Box
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
RAYNOR	Rabbi: JAMES	M.	1007103	H4-70-71 109
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
N/A	Ms. GREEN	4-10-20		

- TO: ☐ Unit Manager ☒ Medical ☐ Personal Property ☐ Law Library ☐ Security
- ☐ Treatment ☐ Mental Health ☐ Education ☐ Dental ☐ Maintenance
- ☐ Chaplain ☐ Warden ☐ Asst. Warden Operations ☐ Asst. Warden Programs ☐ Accounting
- ☐ Other \_\_\_\_\_

## CHECK PURPOSE

- ☒ Appointment Request ☐ Question/Statement

Mr. ALVARADO: THE (S) WORKING DAYS IS ALL I CAN GIVE AT THIS POINT, I'M IN EXTREM  
 DEBILITATING PAIN, MY SPINE IS GETTING MORE WORSE, MY MIGRAINES ARE GETTING  
 MORE SEVERE AND UNCONTROLLABLE BECAUSE OF NOT GETTING MY MEDICATION'S. AT THIS  
 POINT MY ATTORNEYS ARE PUSHING FOR ME TO LET THEM TAKE LEGAL ACTION  
 I ASKED THEM TO GIVE ME (S) WORKING DAYS TO MEET WITH YOU. AFTER THAT  
 THEY WILL TAKE OVER AND DO WHAT THEY DO BEST.

THANK YOU FOR YOUR TIME

GOOD BLESS, BE SAFE.

PLEASE MEET WITH ME SOON AS YOU CAN.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

## RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_Offender seen ☐ Yes ☐ No

Official Responding \_\_\_\_\_

Date of Response \_\_\_\_\_

DEPARTMENT OF CORRECTIONS

EXHIBIT-(F)-2

Informal Complaint 866\_F3\_4-17

## Informal Complaint

**INSTRUCTIONS FOR FILING:** Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name Rabbi: JAMES H. RAYNOR # 1007103

Offender Number

Housing Assignment HU-70-71-109Date/ Time of Incident 6-20-20 17:00 AM

Medical Staff

Individuals Involved in Incident

- ☐ Unit Manager/Supervisor  
☐ Personal Property  
☒ Medical Administrator

- ☐ Food Service  
☐ Commissary  
☐ Other (Please Specify):

- ☐ Institutional Program Manager  
☐ Mailroom

Briefly explain the nature of your complaint (be specific): MR. ALVARADO, TOLD ME IF I HAD ANY ISSUES WITH MEDICAL DEPARTMENT TO LET HIM KNOW OF MY ISSUES AND TO LET MEDICAL STAFF KNOW TO GET HIM WHEN AND IF I NEED HIM. I HAVE ASKED TO SEE HIM, EVEN SINCE BEFORE I WAS TAKEN OUT OF MEDICAL CEN #11. I LET NURSES KNOW, I LET SECURITY OFFICERS KNOW, AND EVERY SINCE I'VE BEEN BACK IN HU-70-71-109, I HAVE WRITTEN MANY REQUEST TO SEE HIM. I DON'T KNOW IF MEDICAL STAFF IS LETTING HIM KNOW I NEED TO SEE HIM, OR IF THEY ARE KEEPING MY REQUEST FIRM'S FROM HIM. ALL I KNOW IS I'VE DONE EVERYTHING HE HAS ASKED OF ME TO DO AND I STILL HAVE NOT SEEN HIM TO TALK TO HIM ABOUT MY ISSUES I'M HAVING AND AFTER THIS COMPLAINT, I WILL NOT WRITE OR ASK TO SEE ANY ONE ANY MORE. I'M TIRED, IF I CAN'T SEE HIM BY 6-30-20 WHICH MAKES (20) DAYS TOTAL I'VE BEEN TRYING TO SEE HIM, EVERYTHING ELSE WILL COME FROM COURT ORDERS NOT MY SELF.

Offender Signature Rabbi: James H. RaynorDate 6-20-20

Offenders - Do Not Write Below This Line

Date Received: 6-25-20Response Due: 7-9-20

Action Taken/Response:

Assigned to:

Tracking # LVCC20, Info 02143MedicalMr Raynor,

due to COVID 19 restrictions, currently I'm medical department is off limits. once medical is open I'll be more than happy to assist you. please be patient and we will ensure to take care of all your medical needs

Respondent Signature

Printed Name and Title

Date

## WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Staff Witness Signature:

RECEIVED

AUG 12 2020

Date:

Date:

JUN 25 2020

LVCC GRIEVANCE DEPT

LVCC GRIEVANCE DEPT

Revision Date: 4/28/17

### Informal Complaint

**INSTRUCTIONS FOR FILING:** Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name Rabbi: JAMES H. RAYNER

Offender Number 1067103

Housing Assignment H4-70-71-109

Individuals Involved in Incident MEDICAL PILL CALL STAFF

Date/Time of Incident 6-19-20/6-20-20 FROM 7:00 AM UNTIL 12:37 AM

- ☐ Unit Manager/Supervisor  
☐ Personal Property  
☒ Medical Administrator

- ☐ Food Service  
☐ Commissary  
☐ Other (Please Specify):

- ☐ Institutional Program Manager  
☐ Mailroom

Briefly explain the nature of your complaint (be specific): FROM 6-19-20 AT 7:00 AM UNTIL 6-20-20 AT 12:37 AM I WAS REFUSED MY SEIZURE MEDICATIONS: HU-70 SECURITY STAFF CALLED MEDICAL DEPARTMENT MANY TIMES FROM 9:00 AM ON 6-19-20 UNTIL 6-20-20 UNTIL 12:37 AM. TO INFORM MEDICAL DEPARTMENT THAT HU-70-71-POD + PLAINTIFF HAD NOT AT ALL BEEN GIVEN MEDICAL PILL CALL MEDICATION FROM 7:00 AM ON 6-19-20 UNTIL 12:37 AM ON 6-20-20 AM. THIS IS NOT THE FIRST TIME THIS HAS HAPPENED: AS SUCH I AM LETTING MEDICAL DEPARTMENT KNOW THAT MY ATTORNEY'S WILL BE FILING UNDER FEDERAL ARTICLE (1). GENERAL PROVISIONS ACT LIFE ENDANGERMENT CHARGES: ALSO AS STATED IN FEDERAL ARTICLE (2). PLAINTIFF HAS GIVEN FEDERAL JUDICIAL NOTICE OF ACTION BEING TAKEN. PLAINTIFF'S ATTORNEY HAS ALSO FILED FOR FEDERAL INVESTIGATION'S AND EXAMINATIONS OF MEDICAL CONDITIONS OF CONFINEMENT HERE AT LVCC. BY U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND U.S. DEPARTMENT OF JUSTICE: ALSO MY DAUGHTER DOCTOR MARIA LEWIS IS FILING A FORMAL COMPLAINT TO THE MEDICAL REVIEW BOARD: ENOFE IS ENOFE: IT'S MY LIFE BEING PUT AT RISK:

Offender Signature Rabbi: James H. Rayner

Date 6-20-20 AT 12:37 AM

Offenders - Do Not Write Below This Line

Date Received: 07.09.2020

Response Due: 07.23.2020

Action Taken/Response:

Tracking # LVCC 20 INF 02216

Assigned to: Medical

MI. Rayner.

we apologize for any inconvenience, but due to COVID 19 restrictions and facility security (sharps) nurses were not able to provide you with your meds. Once medical is clear for access, I'll be glad to assist you with ensuring your medical request/meds.

Respondent Signature [Signature]

Printed Name and Title ss [Signature]

Date 07/13/20

### WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: \_\_\_\_\_

Staff Witness Signature: \_\_\_\_\_

**RECEIVED**  
AUG 12 2020

Date: \_\_\_\_\_

**RECEIVED**  
JUL 09 2020

LVCC GRIEVANCE DEPT

LVCC GRIEVANCE DEPT



DEPARTMENT OF CORRECTIONS

Informal Complaint 866\_F3\_4-17

## Informal Complaint

**INSTRUCTIONS FOR FILING:** Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: Rabbi: JAMES H. RAYNER Offender Number: # 1007103 Housing Assignment: HU-70-71-109  
 Individuals Involved in Incident: MEDICAL STAFF Date/Time of Incident: 6-26-20 / From 5:00 PM UNTIL 6-27-20 AT 7:00 PM  
☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager  
☐ Personal Property ☐ Commissary ☐ Mailroom  
☒ Medical Administrator ☒ Other (Please Specify): WARDEN: BRECKON

Briefly explain the nature of your complaint (be specific): From 6-26-20 AT 5:00 PM UNTIL 6-27-20 AT 7:00 PM  
MEDICAL STAFF HAS PUT MY LIFE AT SERIOUS RISK OF HARM AND/OR INJURY FOR REFUSING  
TO BRING MY SEIZURE MEDICATIONS: WERE ON ANOTHER COVID-19 LOCKDOWN AND CAN NOT GO  
TO PILL WINDOW TO GET OUR MEDICATIONS: AND THIS HAPPENS EVERYTIME WE'RE LOCKDOWN  
THIS IS LIFE ENDANGERMENT AND VIOLATES 8TH AMENDMENT UNDER DELIBERATE INDIFFERENCE  
OF MY SERIOUS MEDICAL NEEDS, AND CRUEL AND UNUSUAL PUNISHMENT: AND I WANT A FULL INCIDENT  
REPORT DONE UNDER CIVIL CASE NO: 1-19-CV-01392-LMB-IDD: WHERE A WARRANT OF SUBPOENA  
WILL BE ISSUED: FOR THE INCIDENT REPORT:

Offender Signature: Rabbi: JAMES H. RAYNER Date: 6-27-20  
 Offenders - Do Not Write Below This Line  
 Date Received: 07.02.2020 Tracking # LVCC 20 INF 02172  
 Response Due: 07.16.2020 Assigned to: Medical  
 Action Taken/Response:

Mr. Rayner.

Due to COVID 19 restrictions and disturbances  
at the facility, the nurses were unable to access the pod

Respondent Signature

Printed Name and Title

Date

## WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Staff Witness Signature:

RECEIVED  
 AUG 12 2020

Date:

Date:

JUL 02 2020

LVCC GRIEVANCE DEPT

Revision Date: 7/20/20  
LVCC GRIEVANCE DE



The GEO Group, Inc.

## LAWRENCEVILLE CORRECTIONAL CENTER

Lawrenceville, VA

## Offender Request

## DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
RAYNOR	Rabbi: JAMES	H.	1007103	H 4-70-71 109
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
N/A	Mrs. JONES	4-15-21		

- TO: ☐ Unit Manager ☐ Medical ☐ Personal Property ☐ Law Library ☐ Security
- ☐ Treatment ☐ Mental Health ☐ Education ☐ Dental ☐ Maintenance
- ☐ Chaplain ☐ Facility Admin. ☐ Asst. Facility Admin. ☐ Chief of Housing & Programs ☐ Accounting
- ☒ Other MS. ROBINSON: D.O.C. CONTACT MONITOR

## CHECK PURPOSE

☒ Appointment Request☐ Question/Statement

MS. ROBINSON, FIRST, GOOD D.  
 SECONDLY: I NEED TO SEE YOU A.S.A.P. IT IS AN EMERGENCY ISSUE: ON 4-14-21  
 I WAS INFORMED THAT WITH IN 48 HOURS I HAVE A FEDERAL SETTLEMENT AGREEMENT  
 A TRANSFER TO ANOTHER PRISON: HOW EVER I HAVE A FEDERAL SETTLEMENT AGREEMENT  
 CONTRACT ONE OF THE LEGAL CONDITIONS FOR WHICH I WAS AS PART OF THAT AGREEMENT  
 BY THE FEDERAL U.S. DISTRICT COURT JUDGE THE HONORABLE MICHAEL S. NACHMANOFF  
 TRACKING CODE: "EASTERN 2008 9-29-20 RAYNOR" YESTERDAY I CONTACTED MY ATTORNEY  
 ON THIS ACTION I'M SPEAKING ON: MY LEGAL WITNESSES IS THE JUDGE HIMSELF (HIS)  
 ATTORNEY'S AT VICTOR M. GLASBERG & ASSOCIATES: MR. GLASBERG'S OFFICE # IS (703) 684-1100  
 FAX # IS (703) 684-1104: (3) WITNESS GEO GROUP INC ATTORNEY MR. LOUIS V. CARRILLO, EXEC.  
 CORPORATE COUNSELOR PALM BEACH FL: THESE WITNESSES CAN TELL YOU THAT I  
 CAN NOT BE MOVED FROM L.V.C.C. UNLESS I ASK TO BE MOVED, OR AGREE TO BE MOVED  
 AL I HAVE LET MS. BULLOCK KNOW, AS WELL AS H.A. COUNSELORS, D. NICKS, MOVING ME WILL BE  
 NOT ONLY A BREACH OF THAT SETTLEMENT AGREEMENT CONTRACT BUT ALSO DEFAULTS ALL THE  
 CONTRACT EVEN THE CONFIDENTIALITY CLAUSE, AND THAT ENDORSEMENT  
 AGAINST ANY & ALL LIENS, AND THEN DISCLOSURE, WILL HAVE A FULL DISCLOSURE OF ALL LEGAL MATTERS  
 OF THIS CASE: BY MS. BULLOCK'S MISCONDUCT, AND DELIBERATE INDIFFERENCE TO THIS  
 UNLAWFUL ACT PUTS THIS AS CRIMINAL CONTEMPT OF THE FEDERAL COURT ORDER RAYNOR V. HARRIS  
 W. CLARKE VA. D.O.C. AND GEO GROUP INC ACTION NO. 1-19-CV-1392, SETTLED 9-29-20: THIS KIND  
 OF CRIMINAL CONTEMPT OF THE JUDGES ORDER IS A FELONY ACT, DUE TO HER THREAT,  
 INTIMIDATION, AND RETALIATION, BEING SHE WAS A DEFENDANT IN THAT CASE: AND SHE IS ALSO COMMITTING  
 FRAUD WITH INTENT,  
 PUNISH:

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

## RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_Offender seen ☐ Yes ☐ No

Official Responding \_\_\_\_\_

Date of Response \_\_\_\_\_



The GEO Group, Inc.

# LAWRENCEVILLE CORRECTIONAL CENTER

Lawrenceville, VA

## Offender Request

### DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
RAYNOR	Rabbi JAMES	H.	1007103	HU-70-71 109
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
N/A	MS. JONES	4-15-21		

- TO: ☐ Unit Manager ☐ Medical ☐ Personal Property ☐ Law Library ☐ Security  
☐ Treatment ☐ Mental Health ☐ Education ☐ Dental ☐ Maintenance  
☐ Chaplain ☐ Facility Admin. ☐ Asst. Facility Admin. ☐ Chief of Housing & Programs ☐ Accounting  
☒ Other MS. ROBB ROBINSON: D.O.C. CONTACT MONITOR

### CHECK PURPOSE

- ☒ Appointment Request ☐ Question/Statement

ANYWAY MS. ROBINSON.  
 MS. BULLOCK'S CRIMINAL CONTEMPT OF THE COURT ORDER ALSO PUT'S LIABILITY  
 ALSO ON VA D.O.C. AND HAROLD W. CLARKE THE DIRECTOR OF VA D.O.C.  
 I FORMALLY BY WORD OF MOUTH, AND ON 2-27-21, 3-20-21, 4-6-21, 4-12-21, 4-14-21  
 I TOLD COUNSELORS OF 70- TO WITHDRAW MY REQUEST FOR KOSHER DIET. I  
 WROTE ON 4-6-21 AS ON EXHIBIT A(3), ON A COMPLAINT LOG # LVCC-21-INF-00052  
 I WROTE TO WITHDRAW THE REQUEST FOR KOSHER DIET. AFTER ALL I DID TO  
 WITHDRAW THIS, MS. BULLOCK IS FORCING ME TO MOVE TO ANOTHER PRISON WITH COMMON  
 KNOWLEDGE OF THE CRIMINAL CONTEMPT OF COURT ORDER AND DEFAULT OF SAID SETTLE  
 ENT AGREEMENT CONTRACT. IF SHE IS ALLOWED TO DO THIS, I WILL HAVE CRIMINAL  
 CONTEMPT CHARGES, AND RESUBMIT LEGAL ACTION'S WITH FULL DISCLOSURE & JURY TRIAL  
 PLEASE TRY AND HELP ME.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

### RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_

Offender seen ☐ Yes ☐ No

Official Responding

Date of Response





VIRGINIA DEPARTMENT OF CORRECTIONS  
For Criminal Contempt of Federal  
Settlement Agreement Contracts

Written Complaint 866\_F3\_10-2

## Written Complaint

CIVIL ACTION'S

#(1) 1-13-CV-01117-LMB-JFA  
#(2) 1-19-CV-1392

### Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

Rabbi: JAMES H. RAYNOR # 1007103

Offender Name

Offender Number

H4-70-71-109

Housing Assignment

MEDICAL DEPARTMENT ADMINISTRATION STAFF:

Individuals Involved in Incident

5-9-21 18:00 AM

Date/Time of Incident

TO: Mr. COLE YAGNER R.N. R.H.S.M. / Mrs. KING H.S.A.

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific): This complaint is for ongoing violations of criminal contempt of the lawful and legal conditions of Plaintiff's Federal Settlement Agreement Contracts with GEO Group Inc. and causing Federal defaulting its legal requirements imposed upon them for failure to meet all legal requirements of the Federal Executive Contract under the Federal Notary Seal of Contract Bond. And in doing this invokes Plaintiff to legally enforce the Federal Court to hold Medical and GEO Group Inc. in criminal contempt of its Federal Court Order. And Plaintiff will ask the for a lawful court ordered subpoena for a master lien immediately of the amount of ten million dollars until all legal conditions of both settlement agreement contracts are met within (30) days where as all defendants and GEO Group Inc. will be legally liable for all cost of court, any and all full attorney fees, and will be legally responsible for all injuries and pain - and - suffering. By defendants defaulting the legal conditions of their S.A. contract also revokes its privileges and conditions of it. Release of claims, and its confidentiality clause on line 18 P. 14. And legal liability also revokes liens against them and can be ripe for legal actions and liens unless all conditions are met on both settlement agreement contracts within (30) working days of this

Offender Signature: Rabbi: James H. Raynor 1007103

Offenders - Do Not Write Below This Line

Date: 5-9-21 DATE

Date Received: \_\_\_\_\_ Response Due: \_\_\_\_\_ Log Number: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Action Taken/Response: \_\_\_\_\_

Respondent Signature \_\_\_\_\_ Printed Name and Title \_\_\_\_\_ Date \_\_\_\_\_

### Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 30-day time limit has not expired.

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_





VIRGINIA

DEPARTMENT OF CORRECTIONS

ON FEDERAL DEFAULT OF SETTLEMENT AGREEMENT CONTRACT  
BY WAY OF THREATENING TO MOVE PLAINTIFF ATTORNEY  
AND OF RETALIATION: AGAINST THE FEDERAL

Written Complaint 866\_F3\_10-20

"COURT'S COPY"

## Written Complaint

C.C. COPIES HAS GONE TO MY ATTORNEYS  
VA. D.O.C. DIRECTOR, GEO GROUP INC. AND  
FEDERAL COURT:

### Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this Written Complaint.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your Written Complaint form out completely and correctly
- Your Written Complaint must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per Written Complaint.
- You may file a Regular Grievance if you do not receive a response within 15 days.
- You are not required to submit a Written Complaint for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

Rabbi: JAMES RAYNOR # 1007103  
Offender Name Offender Number

H4-70-X-109

Housing Assignment

L.V.C.C. STAFF AND GEO GROUP INC.  
Individuals Involved in Incident

4-1-21 13:20 PM

Date/Time of Incident

TO: WARDEN: MR. BRECKON: ONLY

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific): ON 4-1-21 I WAS TOLD IF I WANTED MY FIRST AMENDMENT RIGHTS UNDER THE RELIGIOUS LAND ACT FOR MY ORTHODOX JEWISH KOSHER DIET, I WOULD BE FORCED TO MOVE FROM L.V.C.C., HOWEVER PLAINTIFF HAS A FEDERAL COURT ORDER TO STAY AT L.V.C.C. DUE TO HIS FEDERAL SETTLEMENT AGREEMENT CONTRACT. BUT AS PLAINIFFS EXHIBIT-A DATED 9-29-20 THE DAY GEO GROUP INC. ENTERED INTO A FEDERAL SETTLEMENT AGREEMENT CONTRACT, THE FEDERAL COURT JUDGE LET BOTH VA. D.O.C. AND GEO GROUP INC. PLAINTIFF CANNOT BE FORCED TO MOVE DUE TO HIS OTHER FEDERAL S.A. CONTRACT: AND A LOOK AT PLAINTIFFS EXHIBIT-A EVIDENCE OF THAT HEARING UNDER TRACKING CODE 9-29-20 & 200M-9-29-20 RAYNOR THIS LEGAL FACT CAN BE SHOWN: AND WILL BE PART OF PLAINTIFFS EXHIBIT-A. UNDER THE LAW OF VA. 42-1-82A-2 VIDEO RETENTION 2000338, AND EVIDENCE COLLECTION PRESERVATION: O.P. EVIDENCE VIDEO (030-T-CC), PAGE (3) OF (5), VIDEO RETENTION OF CEASTEN 200M 9-29-20 RAYNOR IS HERE BY NOW A LEGAL EXHIBIT-A AND WILL BE A PART OF MY ACTION WITH THE JUDGE BEING A EXPERT EYEWITNESS OF LEGAL FACT. AS SUCH L.V.C.C. AND GEO GROUP INC. HAS BEEN ALSO GIVEN LEGAL NOTICE OF ACTION'S BEING TAKEN. PLAINTIFF HEREBY WITHDRAWS HIS KOSHER ORTHODOX RELIGIOUS #DIET UNTIL THE COURT HEARS THIS CASE AT HAN

Offender Signature: Rabbi: JAMES H. RAYNOR

# 1007103

Date: 4-2-21 DUE TO DEFENDANTS THREAT, INTIMIDATION + RETALIATION:

Offenders - Do Not Write Below This Line

Date Received: \_\_\_\_\_ Response Due: \_\_\_\_\_ Log Number: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Action Taken/Response: \_\_\_\_\_

Respondent Signature

Printed Name and Title

Date

### Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new Written Complaint as long as the original 30-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_



VIRGINIA DEPARTMENT OF CORRECTIONS

## Grievance Receipt Report

*EXHIBIT - A - (3)*

VACORIS C - #.0

DOC Location: LVCC Lawrenceville  
Correctional Center

Report generated by Bridgeford, A

Report run on 04/07/2021 at 11:40 AM

Grievance Number: LVCC-21-INF-00852Next Action Date: 4/21/2021 12:00:00 AM

On this date:	04/06/2021		I have received a statement from:
Raynor, James H	1007103	of	Lawrenceville Correctional Center 70-71-109-109-T
(Offender Name and DOC#)			(Filed Location and Housing)
Setting out the following complaint:			
In order to observed your Orthodox Jewish Kosher diet that you would be forced to move from LVCC.			
<i>Alyson</i>		<i>Jobs Coordinator</i>	
(Signature)			

*PLAINTIFF HAS IN ALL LEGAL FACT  
WITH DRAWN HIS JEWISH ORTHODOX RELIGIOUS  
DIET DUE TO DEFENDANT'S, CRIMINAL THREAT  
INTEMDATION, AND RETAILATION; UNTIL THIS  
COURT'S HEARING THIS CASE AND ITS FEDERAL  
RULE TO PROTECT PLAINTIFF, AND HIS RIGHTS  
UNDER THE LAWFUL CONDITIONS OF BOTH  
HIS FEDERAL SETTLEMENT AGREEMENT CONTRACT.*

Officer Initials: \_\_\_\_\_



# EXHIBIT-A- 12 PAGES

DOCTOR ADAM C. CROWL  
ADVANCED ORTHOPAEDIC CENTER,  
7858 SHRADER ROAD RICHMOND VA. 23294  
P: (804) 270-1305

## EXHIBIT A

SWORN AFFIDAVIT IN CIVIL ACTION, RAYNOR V. PUGH,  
"CASE NO: 1-13-CV-01117-LMB-JFA"

## EXPERT WITNESSES



CONFIRMS A SERIOUS INJURY  
TOOK PLACE AT SUSSEX S.P.  
BY V.A.D.O.C. STAFF:

EXPERT WITNESS # (1)

1 | Page



August 1, 2016

Ms. Winsky,

I am Dr. Adam C. Crowl of Advanced Orthopaedic Centers, located at 7858 Shrader Road, Richmond, Virginia, 23294, T: (804) 270-1305. I am licensed to practice medicine in Virginia, I am a board certified orthopedic surgeon with a specialty in orthopaedic surgery and a subspecialty in orthopedic spine surgery, and I perform, among other things, nerve decompression surgery, spinal fusion surgery, dural repair, herniated disc surgery, laminectomy procedures, orthopedic spine surgery, spinal compression fracture repair, and spine surgery to treat degenerative, congenital and traumatic disorders of the cervical, thoracic, and lumbar spines. I have an active clinical practice in Richmond, Virginia at Advanced Orthopaedics. My education, experience, training, and other qualifications are set forth in my curriculum vitae, a copy of which is incorporated herein and attached as Exhibit A.

My curriculum vitae is updated through July 2016 and lists publications I have authored. My publications from the last ten years are:

(1) Tannoury T, Crowl AC, Battaglia T, Anderson DG, Chan, DP. Journal of Surgical Orthopaedic Advances, Volume 15, Number 4, Winter 2005, *A Cadaveric Study Comparing Standard Fluoroscopy with Fluoroscopy-Based Computer Navigation for Screw Fixation of the Odontoid*.

(2) Tannoury T, Crowl AC, Battaglia T, Anderson DG, Chan, DP, Journal of Neurosurgery, Spine, *An Anatomical Study Comparing Standard Fluoroscopy and Virtual Fluoroscopy for the Placement of C1-2 Transarticular Screws* (May 2005).

(3) Crowl A.C., and Kang J.D., Clinical Sports Medicine, *Cervical Spine*, D.L. Johnson and S.D. Mair (eds.), Mosby, Philadelphia, PA. 2006.

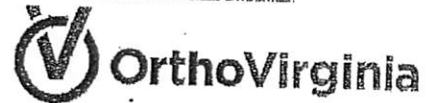
(4) Fumich MD, Crowl AC and Kang JD, Current Diagnosis and Treatment in Sports Medicine. Spine Injuries in Athletes. McMahon (ed) McGraw-Hill (2007).

(5) Crowl AC, Decision Making in Spinal Care, *Failed Back Syndromes*, Chap. 34, Vaccaro J. & Anderson, D.C. (eds.) (2007).

My opinions in this matter are based on my training, education, clinical experience, ongoing review and understanding of the relevant medical literature, review of the records received in this case, physical examination of Mr. Raynor, and in-person interview with Mr. Raynor.

WEST END OFFICE 7858 SHRADER ROAD, RICHMOND, VA 23294  
SOUTHSIDE OFFICES 13801 ST. FRANCIS BOULEVARD, SUITE 200, MIDLOTHIAN, VA 23114

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To date, I have received, reviewed, and considered the following documents in connection with this report:

1. Medical records 4-8-14
2. Medical Records 6-1-15
3. Medical records 6-10-15
4. Medical records 9-4-15
5. Medical records 2-25-14
6. Medical records November 2015 to January 2016
7. Medical records 9-30-13 (X-Ray)
8. MRI Report dated 6-20-2016
9. Amended Complaint
10. Answer to Amended Complaint
11. Declaration of Joseph Ray Jackson
12. Declaration of Darryl Jones
13. Declaration of Kunta Kinte Mullins
14. Declaration of Christopher McManama
15. Declaration of Tony Brooks
16. Declaration of Joseph Daniel Francisco
17. Declaration of John Smith
18. Medical Records Produced by Pugh on 5-11-16 and Bates-labeled:

11	26	27	29	41	42
159	164	165	166	175	176
179	180	184	186	187	189
199	216	217	226	306-310	352
385	391	394	605	606	635
685-687	711-717	723	725	726	908-912
932	956	977	982	988	1120
1206	1244	1246	1257	1265	1296-1298
1316	1329	1331	1425	1426	1436
1452	1453	1457	1458	1491	1500
1508	1511	1544	1546	1550	1554
1596	1599	1600			

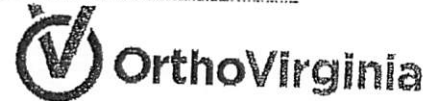
19. Documents from Defendant Pugh's First Production and Bates-labeled:

628-632	646	648	690-92	710-11
718	720-22	724	726	728

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730	732	738-39	748-49	764
768	774	776	778-79	780
838	840-42	850	852-54	856
858	868	870-72	874	876
890-93	902	904	906	918
922	924	926	980	988
990	994			

Having treated patients who have suffered the same injuries as Mr. Raynor over the course of my medical career and who have had the same symptoms of lumbar stenosis and lumbar radiculopathy, I am familiar with the types of injuries Mr. Raynor has suffered, the types of treatments such patients receive for those injuries, the permanency of the types of injuries Mr. Raynor experienced, Mr. Raynor's prognosis for recovery, the necessity and reasonableness of medical bills and charges and the ways in which future medical care and procedures would assist Mr. Raynor. My clinical practice is limited to spine patients, and, on an average week, I see 20 patients with lumbar spinal stenosis and spondylolisthesis.

I engage in routine review of medical literature that is available from the American Academy of Orthopaedic Surgeons' website, Orthopaedic Knowledge Update, The Spine Journal, OrthoBullets and this general educational refreshing has contributed to the knowledge base that I utilized in forming my opinions for this matter.

Please find below the report requested on your client, Mr. James Raynor.

Of note, during the entirety of the interview and physical examination, Mr. Raynor was accompanied by two officers. Mr. Raynor's shackles and restraints were removed at my request during the interview and physical examination and replaced at the conclusion of the examination. The examination occurred on June 10<sup>th</sup>, 2016.

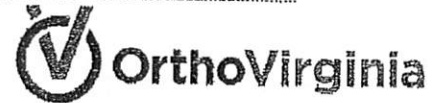
**Chief complaint:** Back pain with bilateral leg radiation with numbness and tingling.

**HPI:** Mr. Raynor reports a long history of intermittent low back pain with some variable radiation into the lower extremities that had previously been managed with activity modifications, gabapentin and ibuprofen. He reports being involved in an altercation with another inmate on January 10, 2013. He reports being struck in the face and falling backward and landing on his buttocks. Since that altercation, Mr. Raynor reports a dramatic increase in back pain, and frequent and debilitating pain radiating down both legs. He also reports numbness and tingling in both legs, left greater than right and progressive difficulty with ambulation tolerance to the point of predominantly staying in a wheelchair. Mr. Raynor reports that prior to his injury he did have back pain and intermittent hours of radiating pain into the legs. He reports, however, that he was able

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to walk and did not utilize a wheelchair frequently. He reports that years ago he was weighing about 500 pounds, however, through exercising he had reduced his bodyweight to approximately 250 pounds. He reports the weight reduction did help with his back pain. He reports prior to his injury, he was able to work in the prison as a cook in the kitchen. He reports prior to his injury, he was using ibuprofen which seemed to help with pain and also Gabapentin which was given for seizures. He reports that he has not been prescribed either medication recently. He reports not knowing the reason for discontinuation of those medications. He reports attempting to stand upright aggravates his pain, sitting down and forward is his most comfortable position. He reports attempting to sit up straight also aggravates pain. He reports the frequency of numbness and radiating pain down the legs has significantly increased. He reports that very quickly after attempting to stand, his legs feel shaky, numbness increases and he becomes weak. He reports upon sitting down and forward, the numbness gradually improves, strength returns and the radiating pain in the legs decreases. He denies perigenital numbness or saddle anesthesia, and he is able to control urination and defecation but admits that at times he has had fecal urgency and soiled himself. He reports he has seizures, sleep apnea, chronic GI problems with vomiting blood, frequent bowel movements and reports previous right ankle surgery for fracture.

**Physical exam:** Oriented x 4, poorly groomed. Obese male in no obvious distress. Mood and affect are normal. Patient is conversational and cooperative. Bodyweight: 318 lbs.

**Gait:** Non-antalgic, he has significant difficulty with going from sitting to standing. Transferring from wheelchair a few steps to examination table was quite difficult. Mr. Raynor preferred a very forward flexed posture when attempting to stand.

**Skin:** Skin of lumbar spine is normal without hairy patches or dimples. Skin of the remainder of the thoracolumbar spine is also normal. No café au lait spots. No rash.

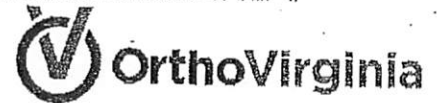
**Reflexes:** Upper extremity reflexes demonstrate 2+ bicep, 2+ tricep and 2+ brachioradialis reflexes bilaterally. Patient does have positive Hoffmann sign on the left. In the lower extremities he has 2+ knee jerks bilaterally and diminished ankle jerk reflexes bilaterally. No clonus in either foot.

**Cervical spine:** No tenderness to palpation in the cervical spine, skin is normal. Range of motion is somewhat limited in extension but not painful, Spurling's maneuver is negative right and left. Motor strengths are normal and symmetric C5-T1 right and left upper extremity. Sensation is intact to light touch C5-T1 right and left upper extremity.

**Thoracic spine:** Some accentuated kyphosis of the thoracic spine, he is nontender to palpation however and sensation is normal along the thoracic dermatomes.

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**Lumbar spine:** Patient has loss of the normal lumbar lordosis and a more flattened posture in the lumbar spine, he much prefers a forward flexed posture both when attempting to stand but also with sitting he finds more comfort leaning forward with hands on the knees and significant pain with trying to sit straight and erect. He reports significant pain with attempted lumbar extension in sitting position. He is able to flex forward in the sitting position with less discomfort. He has some minor tenderness to palpation in the paraspinal musculature, no mass lesions felt. No spasms. Straight leg raise on both the right and left lower extremity is negative for back or radiating leg pain. Motor strength he demonstrates normal hip flexion, hip abduction, hip adduction, knee extension is somewhat limited secondary to pain mostly on the left, he is able to demonstrate 3/5 dorsiflexion on the left 4/5 on the right, plantar flexion 3/5 right and left lower extremity. Sensation is somewhat diminished in a L5 distribution in both lower extremities. He reports greater sensory deficit in left lower extremity than the right.

**Joints:** He has well healed scar to <sup>LEFT</sup> Right ankle from previous ORIF. He has decreased PROM of right ankle as compared to the left. He has poor grooming of the toes of both feet and obvious onychomycosis of his toe nails on both feet.

**Circulation:** He has 1+ edema in both ankles and evidence of venous stasis disease. Dorsalis pedis pulses are palpable and symmetric bilaterally.

**Radiology:** 4 views of lumbar spine obtained during the examination demonstrate a loss of normal lumbar lordosis, do not see evidence of fracture, no lytic or blastic lesions. There are degenerative changes of the disc space and spondylosis at L4-5 and L5-S1. There is evidence of a spondylolisthesis measuring 13 mm at L4-L5, on flexion, there is no increase in the spondylolisthesis however there is increased kyphosis. There is also posterior disc space height loss due to disc degeneration at L3-L4, there is more disc degeneration seen at the thoracolumbar junction at L1-L2 T12-L1 and T11-12 but no fracture. Appears to have positive sagittal balance. MRI from June 20, 2016 is reviewed, this demonstrates marked disc degeneration at L5-S1, of important note is that the disc space height at L4-5 is relatively well preserved in the spondylolisthesis in the supine position is reduced to about 4-5 mm. His multilevel disc degeneration relatively mild at L3-L4 L2-L3 and L1-L2 and at T11-12. There is no cord compression of the distal conus or upper lumbar stenosis. On the axial cuts at L5-S1 there is considerable facet arthropathy at L5-S1 but no central stenosis, there is some mild right greater than left foraminal stenosis there, at L4-L5 is evidence of facet tropism, there is marked facet arthropathy at L4-L5 bilaterally. In the supine reduced position there is mild lateral recess and mild central stenosis L3-L4 appears widely patent as well as at L2-L3.

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